Third Party Liability Department

TPL Operating Procedures – Volume I

LIBRARY REFERENCE NUMBER: CLTP10001 – Volume I REVISION DATE: August 2004 VERSION 3.0

INDIANA HEALTH COVERAGE PROGRAMS

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Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 3.0	June 2004	All	Rewrite	TPL Department
Version 3.0	August 2004	All	Prepare for review.	Leo Dabbs

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Section 1: Introduction

Overview

The Third Party Liability (TPL) Operating Procedures Manual provides team members the information needed to carry out the responsibilities of the Department. There are three TPL volumes that provide information about the following:

- Introduction to the department, functions, and eligibility information are in Volume I
- Health Unit procedures are in Volume II
- Casualty Unit procedures are in Volume III

This manual enables the department to train new team members and is a valuable resource to existing team members.

TPL Functions

Federal regulations and state statutes mandate cost-containment measures for state health care programs.

Two cost-containment methods are used:

- Cost avoidance includes using claim edits, HIPP, and Buy-In. Although the Buy-In function is part of the TPL department responsibilities, there is a separate Buy-In Operating Procedures Manual. Refer to that manual for specifics about the Buy-In program.
- Cost recovery includes pay and chase and casualty recoveries

The *cost avoidance* method denies claim payment when third party resources exist, or pays only the portion that remains after all other resources are applied.

The *cost recovery* method pays the claim initially and then bills the third party. The Indiana Health Coverage Programs (IHCP) must pay claims when third party information is unknown at the time the claim is processed, or when the claim meets specific criteria, based on federal mandates. The IHCP bills the third party, called pay and chase, after processing. This recovery process is subcontracted to Health Management Systems (HMS). When there is potential TPL for an accident or injury involving an IHCP member, the IHCP pays for the services rendered. Its Casualty Unit works with other insurance carriers and attorneys to recover reimbursement from the responsible third party.

To comply with *Public Law 101-508, Omnibus Budget Reconciliation Act (OBRA) of 1990, Section 4402*, the IHCP implemented a program allowing payment of employer-based group health insurance premiums when it is more cost-effective than assuming all medical expenses for the member. This is called the HIPP program and is administered by the Casualty Unit.

System edits used during claim processing, ongoing research, third party liability (TPL) system updates, data matches, leads from outside sources, and an aggressive approach to timely recovery, assist the TPL Department with the IHCP cost containment objectives.

Goals and Objectives

The IHCP and the TPL Department have established the following goals and objectives:

- Comply with all federal regulations, State statues, and applicable court decisions related to third party liability
- Maintain staff to carry out the responsibilities and tasks outlined in this manual
- Ensure the quality and accuracy of case research and third party file system updates for maximum cost-avoidance and recovery
- Receive and reconcile accounts receivable data in a timely manner

Section 2: RFP Requirements

42.800 – Third-Party Liability Services

42.810 – Overview

TPL business functions ensure the IHCP is the payor of last resort. Processes in this business function include researching, identifying, and invoicing other payment resources such as private insurance and Medicare for services provided to the IHCP members.

TPL activity occurs both before and after payment of claims. If TPL resources are identified during claims processing, the claim will not pay unless the third-party resource has been billed and the claim is submitted with evidence of third-party payment or denial. This is referred to as cost-avoidance.

Post-payment recovery activities, referred to as pay-and-chase, focus on invoicing third-party resources after payment of a claim. The TPL Department is responsible for the collection of TPL casualty dollars. Recovery of health insurance claims is subcontracted to Health Management Systems (HMS).

Processes that support the TPL business function are as follows:

- Identify third-party resources available to the IHCP-eligible members
- Avoid paying claims for members with active third-party coverage on file when a TPL payment is not indicated
- Maintain various files containing third-party resource information and update files through data matches with other government programs and private insurance carriers
- Recover funds, also known as retro billing, from providers or other payors when third-party resources are identified after payments are made in error, or are in accordance with pay-and-chase regulations
- Establish TPL casualty cases for third-party resources identified after payment
- Recover funds due the State through casualty cases
- Pay the premiums for private health insurance through the Health Insurance Premium Payment (HIPP) program when it is more cost-effective than providing full medical benefits coverage
- Support OBRA 93 requirements for the medical child support program
- Manage the program to consistently ensure cost-effectiveness

42.810.1 – Business Objectives

The TPL business function is designed to meet three objectives:

- Ensure the IHCP is the payor of last resort
- Coordinate benefits with other payors
- Recover funds due the IHCP

42.820 – System Support

In support of TPL staff functions, the Indiana*AIM* system allows the following:

- Provides the ability to search for a member’s TPL coverage information using the member’s RID number or insurer’s carrier number assigned by the contractor
- Stores relevant Medicare coverage information, including Part A or Part B designation and effective dates of coverage
- Stores multiple instances of third-party payors for each member, including policy number, carrier number, group number, employer information, policyholder’s information, and the services covered
- Identifies paid claims that are eligible for post-payment recovery, generates claim facsimiles for submission to insurance carriers, and establishes TPL accounts receivable to track recoveries
- Provides the ability to add, update, and delete TPL resource information
- Provides the ability to create, track, and close TPL accounts receivable
- Supports billing in all media specified by the State and available by the selected carrier
- Provides the ability to track information for TPL-related correspondence such as send date, receipt date, sent-to address
- Tracks information to support the HIPP program, including relevant member information, relevant carrier information, HIPP cost-effectiveness calculations, expenditure information, and so forth
- Supports the establishment, tracking, and updating of casualty case liens
- Produces TPL reports
- Receives TPL resource information from ICES and transmits TPL resource information to ICES
- Performs external, cost-effective data matches with the following:

State police motor vehicle accident report file

Patient Compensation Board malpractice suit file

Department of Defense Eligibility and Enrollment Reporting System (DEERS)

- Performs internal data matches against claims paid with an accident or trauma procedure code

42.830 – State and Contractor Responsibilities

Operations responsibilities for the TPL business function are presented in the following table, Table 2.1 – TPL State Responsibilities. The State reserves the right to waive the review and approval of contractor work products.

Table 2.1 – TPL State Responsibilities

State Responsibilities	
TPS-1	Review and approve implementation of contractor-developed TPL policies and procedures.
TPS-2	Collect initial third-party resource information from all sources for all members via ICES.
TPS-3	Specify, with CMS approval, coverage types to be cost-avoided, paid, and recovered, and change this specification when appropriate.
TPS-4	Approve changes to cost-avoidance and recovery policies.
TPS-5	Assist the contractor with working out data exchange arrangements with insurance carriers and governmental agencies and performing data exchanges.

The contractor's responsibilities are presented in the following table, Table 2.2 – TPL Contractor Responsibilities.

Table 2.2 – TPL Contractor Responsibilities

Contractor Responsibilities	
TPC-1	Develop policies and procedures for, and perform, TPL activities, including proper establishment of data for prepayment cost-avoidance and post-payment resource identification and recovery activities; all policies and procedures must adhere to applicable State and federal guidelines.
TPC-2	Perform online updates to the *TPL Carrier* file and to TPL accounts receivable.
TPC-3	Research potential and update existing casualty cases.
TPC-4	Respond to TPL inquiries from State agencies.
TPC-5	Maintain accurate TPL information, including discovery, identification, verification, and gathering of additional information from all sources.
TPC-6	Perform follow-up, verification, and system updates for changes to recipient TPL coverage identified through the *TPL-0023, TPL Suspect Report*, or through the retro-billing process within 20 days of receipt.

Table 2.2 – TPL Contractor Responsibilities

Contractor Responsibilities	
TPC-7	Perform regularly scheduled quality reviews to ensure Indiana*AIM* and the associated manual processes are working to ensure the IHCP is the payor of last resort. Make recommendations to the OMPP to improve the overall TPL collection processes.
TPC-8	Identify, investigate, and report TPL resources that are either denied or below a State-established percentage of the billed amount.
TPC-9	Perform follow-up and verification of changes to member TPL coverage identified through all sources, including during claims processing, from county- or State-provided information, or through data matches. Record all verified changes using the TPL windows.
TPC-10	Add TPL resource update information received by phone from caseworkers, the State, or private insurance carriers as it is received.
TPC-11	Make updates to TPL resource information within 20 business days of receipt in the mailroom. The contractor must use a tracking process to monitor this requirement.
TPC-12	Make online and batch updates to the TPL resource file on a monthly basis to TPL data.
TPC-13	Maintain mappings between types of TPL coverage and covered services for cost-avoidance. Review the edit logic on an annual basis to ensure logic is efficient, effective, and in-line with industry standards. Submit recommended changes to the State for approval.
TPC-14	Initiate and track post-payment recovery actions from carriers for claims paid to providers that demonstrated a good-faith effort to collect from a known third-party resource but did not receive payment.
TPC-15	Process third-party financial recoveries.
TPC-16	Establish accounts receivable for TPL recoveries.
TPC-17	Follow established check-handling procedures for all TPL carrier checks reviewed, including logging, applying CCNs, copying, and so forth.
TPC-18	Deposit all checks received within 24 hours of receipt.
TPC-19	Log, track, and correctly disposition received TPL recoveries into Indiana*AIM* using the appropriate windows.
TPC-20	Research and resolve *non-dispositioned* checks that the contractor is responsible.
TPC-21	Use staff knowledgeable about TPL policies, procedures, and

Table 2.2 – TPL Contractor Responsibilities

Contractor Responsibilities	
	regulations, for example, OBRA-93, in the performance of the requirements set forth in this RFP.
TPC-22	Report to the State on a monthly basis a summary of the TPL recovery activities performed and collections received. Reporting of retro-billing information should include a summary of the retro-billing, total collected, and outstanding accounts receivable balance.
TPC-23	Research and conduct analyses of collection trends over time. Include qualitative analyses, including overall Medicaid and insurance trends. Based on analysis make recommendations to the OMPP about future program and policy changes and enhancements.
TPC-24	Perform post-payment investigations of potential casualty and liability cases on a weekly basis and denied and low-dollar TPL claim recoveries on a monthly basis.
TPC-25	Perform ongoing follow-up action on aged accounts receivable.
TPC-26	Identify eligible HIPP cases by performing a cost-effectiveness analysis of private insurance policies available to recipients. If payment of the policy is determined to be cost-effective, the contractor shall ensure that premium payments are made. Cost-effective cases must be tracked monthly to confirm continued eligibility, including continued fee-for-service eligibility. Cases must be reviewed annually to confirm continued cost-effectiveness.
TPC-27	Maintain statistical data identifying the number of HIPP members and dollars expended.
TPC-28	Prepare an annual report that includes a statistical analysis of HIPP members served and estimated cost savings. The report must include a recommendation concerning continued use or modification of the cost-effectiveness formula.
TPC-29	Produce TPL inquiry letters to attorneys, providers, carriers, and other parties as needed.
TPC-30	Deliver all reports in accordance with the schedule and distribution list.
TPC-31	Develop, maintain, and submit to the State the TPL operations procedures manual. Updates to this manual must be distributed to the State within three business days following State approval.
TPC-32	Schedule and prepare agendas for TPL meetings with State staff. Meetings will be held regularly. Record and distribute meeting minutes for all TPL meetings with State staff within five business days.
TPC-33	Perform related litigation and administrative hearing activities

Table 2.2 – TPL Contractor Responsibilities

Contractor Responsibilities	
	such as providing testimony, documentation, and so forth, as needed.
TPC-34	Establish and pursue recovery of liens as necessary for casualty cases.
TPC-35	Research, resolve, and accurately respond to all written TPL inquiries, as directed by the State. Responses to inquiries from government officials are required within three business days of receipt. All other inquiries require a response within ten business days of receipt.
TPC-36	Provide toll-free telephone lines for Indiana and contiguous states dedicated to TPL purposes.
TPC-37	Maintain a sufficient number of telephone lines, for Indiana and the contiguous states, and personnel to staff the lines so that:
	• *Ninety-five percent of all calls are answered on or before the fourth ring*
	• *No more than five percent of incoming calls ring busy*
	• *Ninety-five percent of calls are answered by a live person within two minutes. Hold time must not exceed two minutes*
	• *Average hold time must not exceed 30 seconds*
	• *Call length is sufficient to ensure adequate information is given to the caller*
TPC-38	Staff TPL toll-free phone lines from 8 a.m. to 12 p.m. and 1 p.m. to 5 p.m., local time, Monday through Friday, excluding State holidays.
TPC-39	Provide reports to monitor compliance with all TPL requirements.
TPC-40	Communicate with the attorneys, recipients, liable parties, and others involved in a casualty case, as needed.
TPC-41	Perform post-payment investigations of potential and established casualty liability cases every six months or as needed. Review 90 percent of all case reviews within the calendar month the case review is scheduled. Review the remaining 10 percent of the case reviews within the month following the originally scheduled review month.
TPC-42	Provide legal support, in coordination with FSSA legal staff and the Attorney General's office, as necessary for subrogation and to handle inquiries from attorneys representing recipients and so forth.
TPC-43	Prepare and provide all necessary data to assist the State in completing *the IHCP State Agency Third-Party Liability (TPL) Inventory* form (CMS-64 report).
TPC-44	Provide birth expenditures information to the DFC offices

Table 2.2 – TPL Contractor Responsibilities

Contractor Responsibilities	
	within ten days of request. The information must be presented in a readable, user-friendly format.
TPC-45	Identify and pursue private insurance coverage for recipients when a non-custodial parent has been court-ordered to provide insurance when available. Identify employed non-custodial parents through data matches and generate letters to employers requiring them to enroll the child in their parent's insurance plan. Track compliance.
TPC-46	Update Indiana*AIM* to reflect TPL Medicare criteria and other TPL edit changes on an ongoing basis or as determined necessary by the State.
TPC-47	Resolve claims payment issues related to TPL.
TPC-48	Update Indiana*AIM* when Medicare coverage is verified for an IHCP member.
TPC-49	Develop procedures for initiating adjustment requests when claim-specific TPL resources are received, for example, no TPL payment on the original claim.
TPC-50	Review HCPCS updates for TPL edit coverage criteria.
TPC-51	Update TPL edit coverage criteria as needed.
TPC-52	Use CCN batch ranges to identify TPL check receipts for outstanding accounts receivable. TPL threshold calculations only use receipts entered using these TPL-defined batch ranges.

Section 3: Organization and Staffing

Overview

The TPL Department works with the OMPP to provide a high level of cost avoidance and recovery in compliance with the CMS rules and regulations. The following sections identify the TPL positions and provide a brief description of the responsibilities.

TPL Director

The TPL director is responsible for staff and daily operation of the department. Responsibilities are as follows:

- Direct production and distribution of required reports
- Direct recoupment from third parties who are liable for medical expenses previously paid by the IHCP
- Monitor data collection and maintenance activities for the IHCP members with other health insurance resources
- Prepare for and attend the monthly OMPP status meeting
- Review and recommend changes or enhancements to TPL policy, procedures, edits, audits, and reporting
- Review requests for TPL reimbursements
- Serve as the liaison with the OMPP staff

TPL Attorney

The TPL attorney assists with the complicated TPL cases and with other legal concerns. Responsibilities are as follows:

- Review special interest cases
- File disciplinary action and make court appearances
- Review impact of new and pending legislation to TPL activities and procedures
- Make formal recommendations to the OMPP about needed legislation
- Manage all cases requiring compromise
- Manage all cases of $50,000, or more

TPL Supervisor

The TPL supervisor hires, trains, and monitors staff and coordinates TPL Department projects. Responsibilities are as follows:

- Administer all TPL Unit functions
- Interview, hire, and train staff
- Maintain the TPL Detail Resource and Carrier tables
- Maintain the case management and tracking systems
- Contact attorneys, insurance carriers, and providers related to TPL issues
- Review policies, procedures, and reporting regularly and make recommendations for changes
- Contact state, county, and other government agencies related to TPL issues
- Compile monthly and quarterly reports for the OMPP and provide data analysis
- Initiate change order (CO) requests that includes writing, testing, and follow-through
- Coordinate updates of TPL edits or edit tables, such as the Medicare B non-covered table
- Develop desk-level procedures for the TPL Department
- Compile and analyze statistics for the OMPP
- Administer the Health Insurance Premium Payment (HIPP) program

TPL Casualty Analyst

The TPL casualty analyst coordinates collection from attorneys and insurers when incidents involve the IHCP members and a third party who is liable for medical expenses. Responsibilities are as follows:

- Review and research accident or trauma leads and make initial determination to pursue
- Coordinate collection efforts with county caseworkers, attorneys, and insurance adjusters
- Prepare and files liens, lien amendments, and lien releases
- Generate written correspondence, claims data, and reports related to the case
- Maintain and manage review of open casualty cases

TPL Health Analyst

The TPL health analyst receives incoming telephone calls about TPL information and responds to written correspondence. Responsibilities are as follows:

- Respond to written inquiries, telephone inquiries, and referrals from the OMPP, county offices of the Division of Family and Children (DFC), and insurance carriers relative to TPL
- Verify insurance coverage for TPL data maintenance
- Generate written correspondence and reports related to insurance carrier and policy data
- Update Indiana*AIM* to show casualty case leads as *No further Pursuit* when a member telephone call to the 800 number indicates they will not take legal action

TPL Eligibility Analyst

The TPL Eligibility Analyst reviews and resolves issues with the ICES and Indiana*AIM* interface. Responsibilities are as follows:

- Review and research eligibility reports to ensure Indiana*AIM* provides the correct eligibility information
- Contact the county offices to resolve problems with ICES and Indiana*AIM* information
- Collaborate with Systems Department to resolve system issues
- Attend ICES and Indiana*AIM* Interface meetings with the ICES Project Team to review and resolve problems
- Verify ID card generation updates to ICES
- Correspond with the ICES Help Desk about problem cases
- Prepare reports, collect statistics, and analyze data

TPL Buy-In Analyst

The TPL Buy-In Analyst researches and resolves problems with the IHCP member's eligibility for the Medicare Buy-In program. Responsibilities are as follows:

- Initiate Medicare Buy-In for eligible Medicaid members
- Correspond with the county DFC office about a member's Medicare Buy-In
- Research and resolve provider inquiries about Medicare claim denials
- Request refunds for the State from CMS
- Contact Social Security about Medicare discrepancies
- Research Medicare Buy-In rejections from CMS
- Review Indiana*AIM* generated reports to resolve Medicare issues
- Report Medicare Buy-In information to the State

Section 4: Eligibility

Overview

The Indiana Client Eligibility System (ICES) passes update information to Indiana*AIM* daily. There are multiple reports that update, change, and validate member information. This section describes the reports and how they are generated. It is the eligibility analyst's role to work these reports daily.

ICES Eligibility Update Error

An error is reported when the Medicaid eligibility files from ICES overlaps information that exists in Indiana*AIM* for the following:

- 590 coverage
- Social Security number
- Date of birth has been changed by more than 60 days

The reported errors appear on the *ICES Eligibility Update Error Report*. If the date of birth changes by more than 60 days, it appears on this report as a checkpoint for validation.

1. Open the OnDemand application and log on. To identify the purpose of an icon hold the cursor over a specific icon.

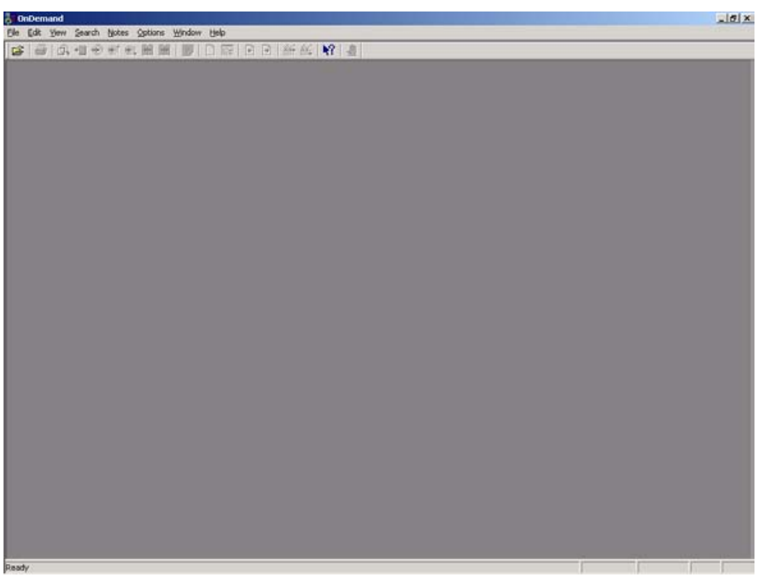


Figure 4.1 – OnDemand Window

2. The Open Folder window displays on the blank OnDemand window. Highlight ELG – Reports – Eligibility Reports and click Open.

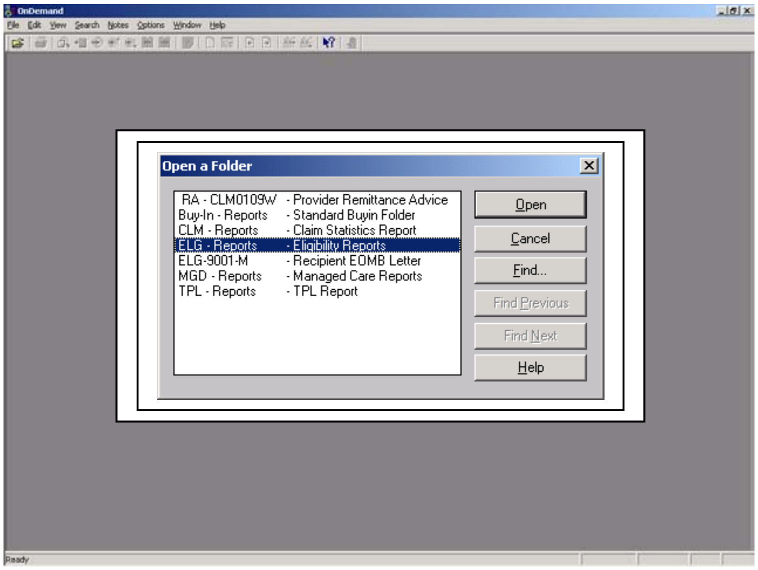
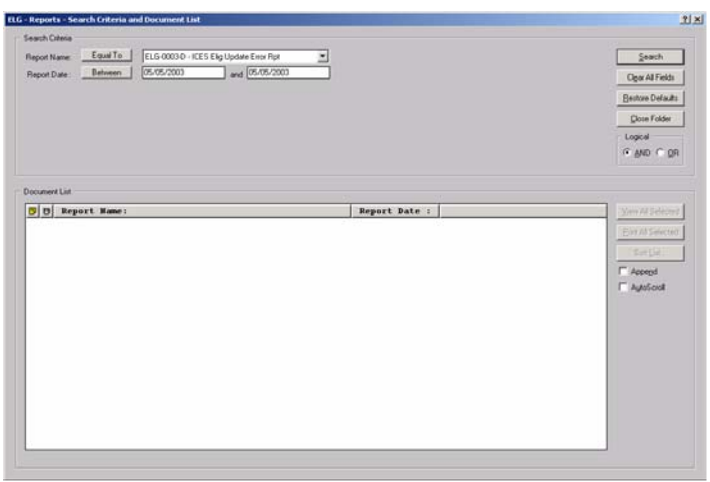


Figure 4.2 – OnDemand Open Folder Window

3. The ELG – Reports – Search Criteria and Document List window displays.

Figure 4.3 – ELG Reports Search Criteria and Document List Window



4. Click the Elg-0003D-ICES Elig Update Error Rpt from the drop-down menu.

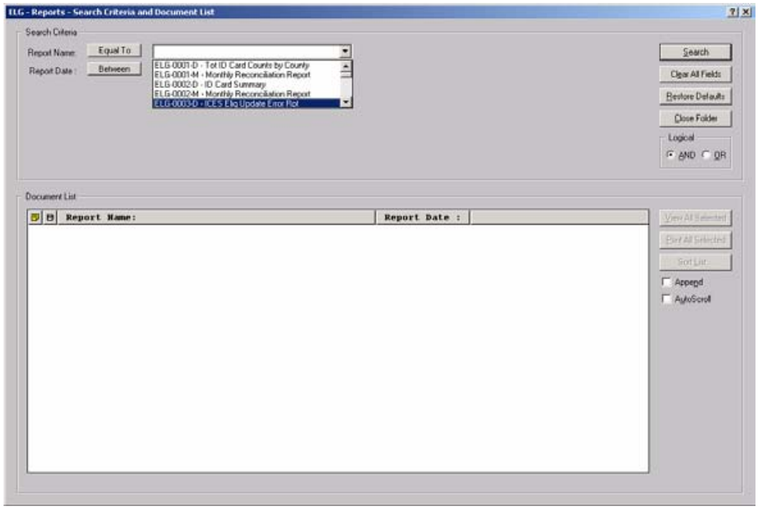


Figure 4.4 – Search Criteria Drop-Down Box Window

5. Type the start date and the end date in the between field and click Search.

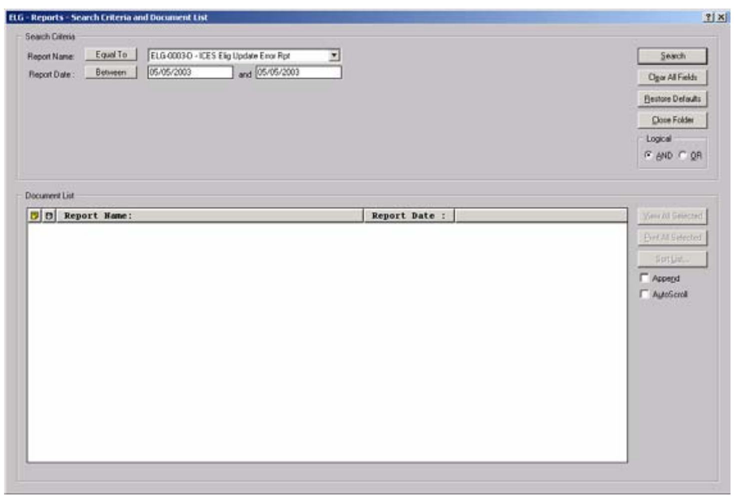


Figure 4.5 – Search Window with Report Name and Search Dates

6. The report requested displays in the Report Name field. Double-click on the highlighted report to open the report.

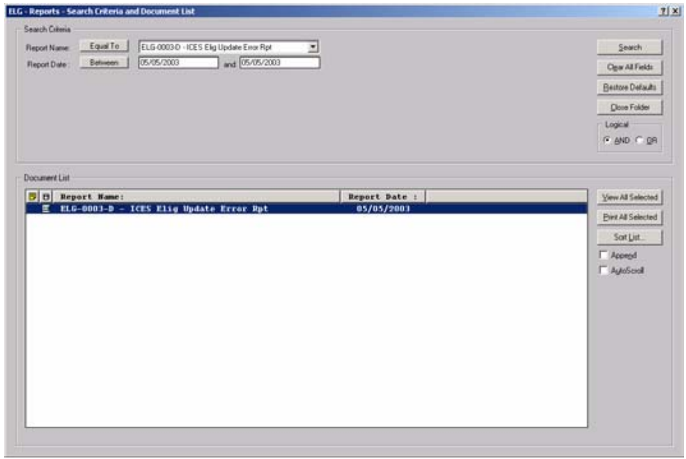


Figure 4.6 – Search Window with Highlighted Report

7. When the report opens click File and then Print.

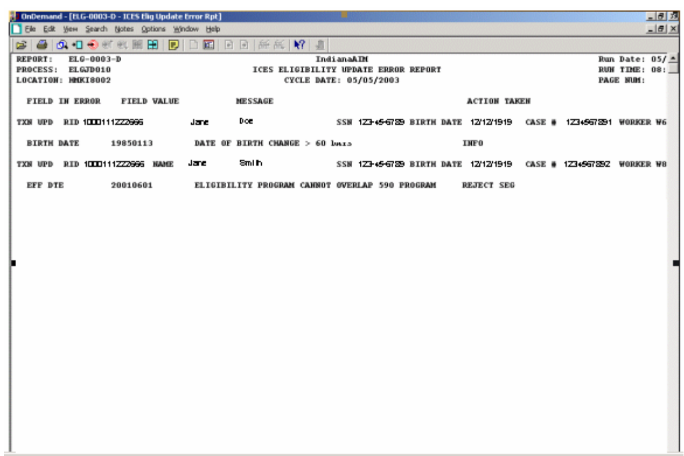


Figure 4.7 – ICES Eligibility Update Error Report

8. The Print window displays. Click the Print button to print the report.

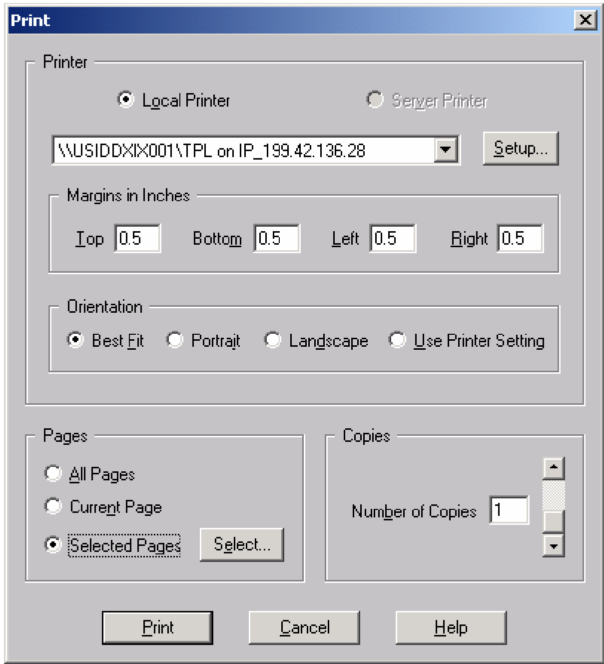


Figure 4.8 – Print Window

9. Log on to IndianaAIM using the appropriate user ID and password, the first priority item for review from the ICES Update Report is the Eligibility Cannot Overlap 590 Program. Priorities are determined by the customer based on what might have the biggest impact.

Figure 4.9 – Indiana*AIM* Logon Window

10. On the Main Menu, click Recipient.

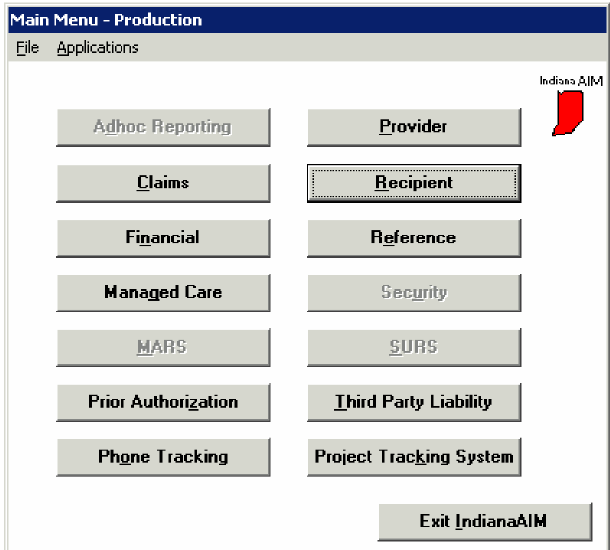


Figure 4.10 – Main Menu – Production

11. On the Recipient Search window type the member ID number from the ICES Update Report in the RID No: field and click Search.

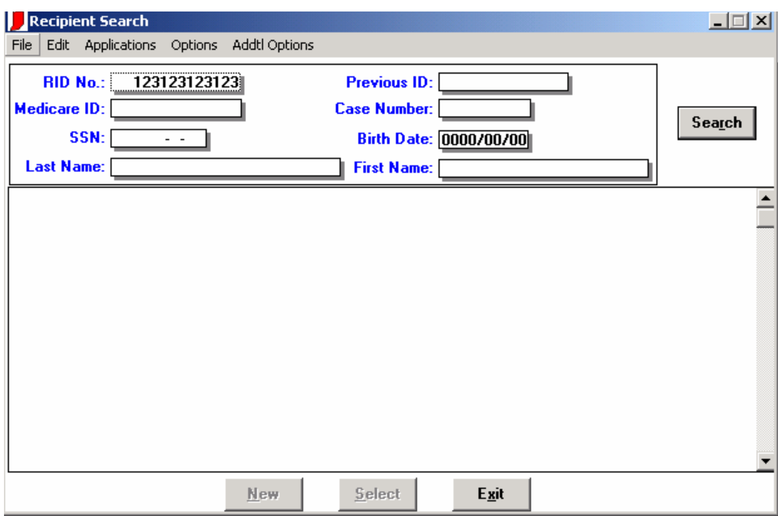


Figure 4.11 – Recipient Search Window

12. The found members display in the Recipients Found field. At the tool bar, click Options. From the drop-down menu, click Eligibility. From the slide-out menu, click Standard. Compare the Effective Date on the Update Report to the 590 Coverage Date range.

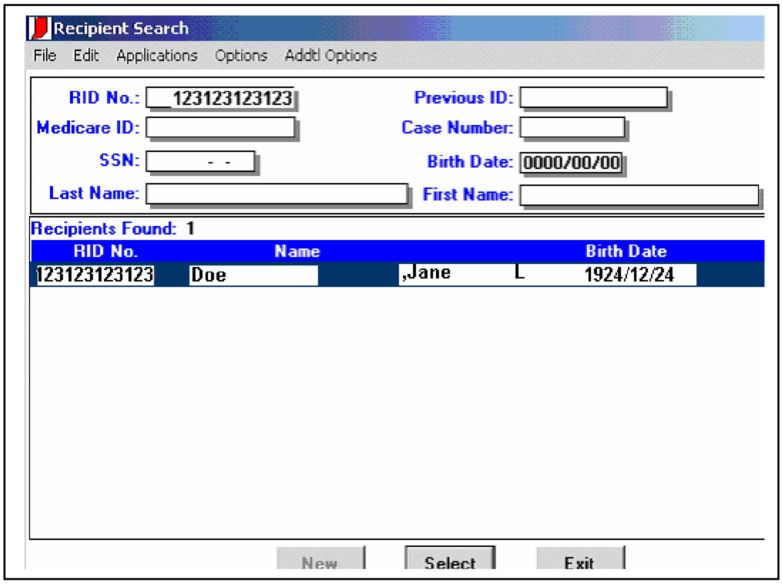


Figure 4.12 – Recipient Search Window with Recipients Found

13. Compare the eligibility dates in ICES to eligibility dates in IndianaAIM before updating IndianaAIM

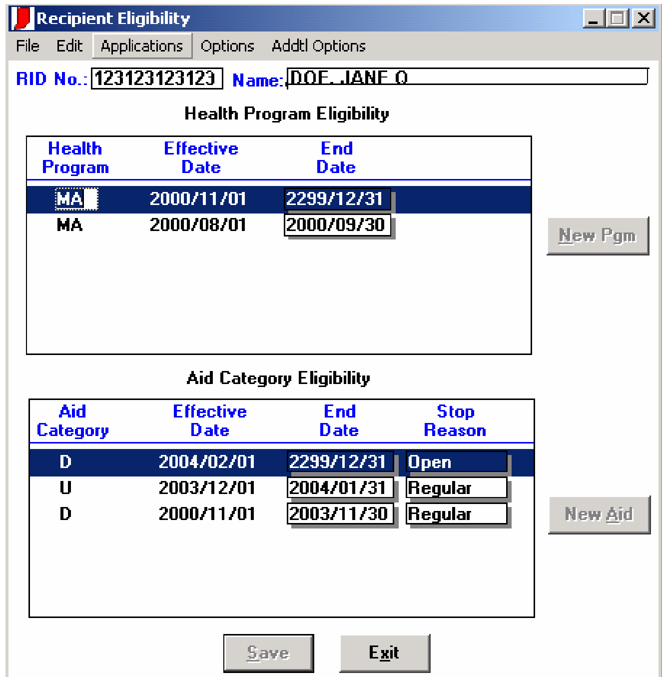


Figure 4.13 – Recipient Eligibility Window

14. Minimize the IndianaAIM windows and click the ICES icon to open the ICES application. At the bottom of the window, at the cursor, type gateway1 and press Enter.

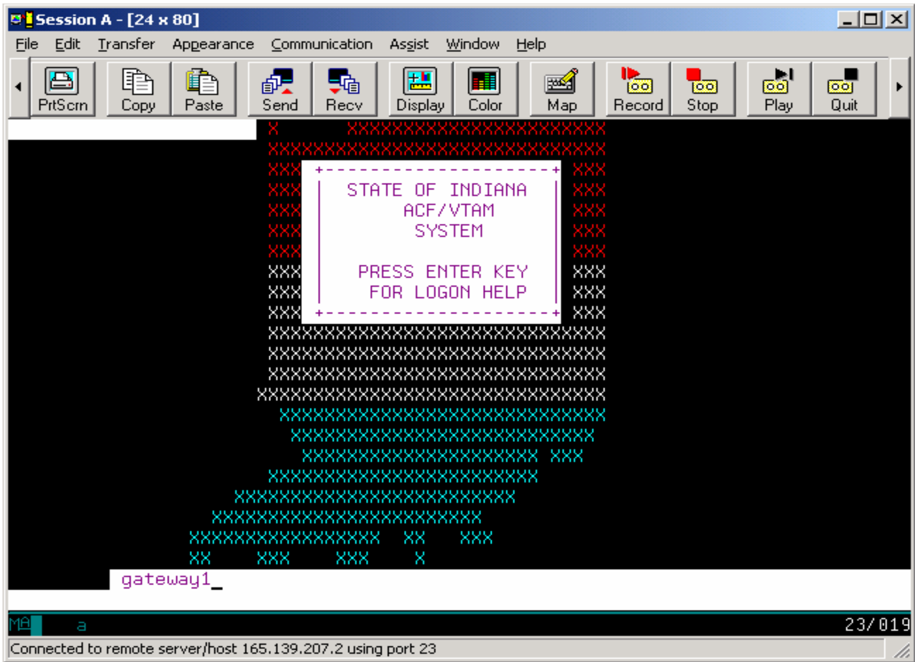


Figure 4.14 – ICES Logon Window

15. The Entry Validation window displays. Type the user ID and password into the Identification field and press Enter.

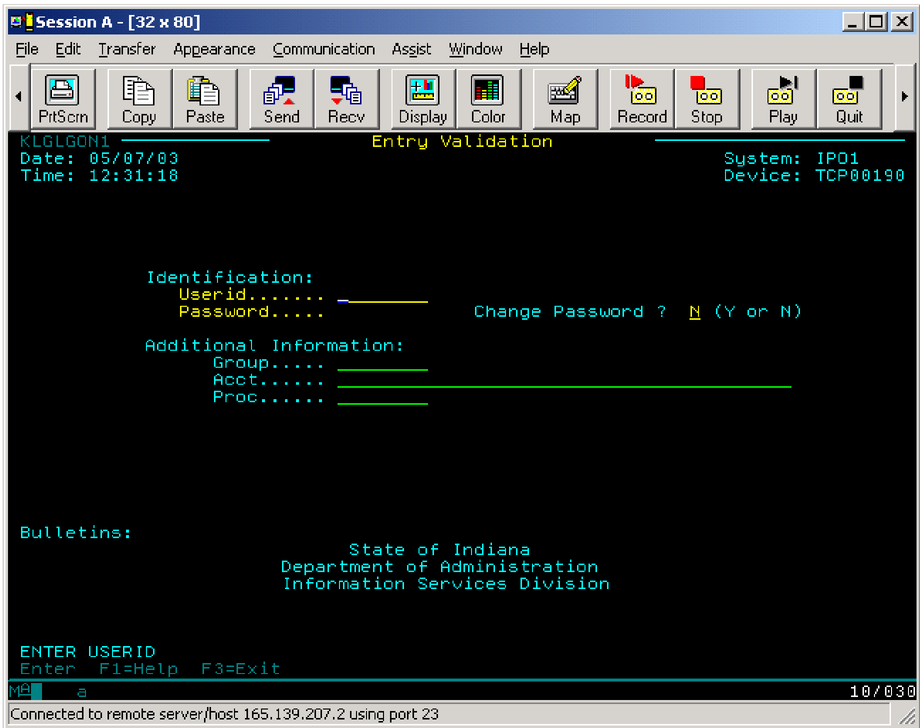


Figure 4.15 – Entry Validation Window

16. The *CL/SUPERSESSION Main Menu* displays. Tab to *ICES* and press **Enter**.

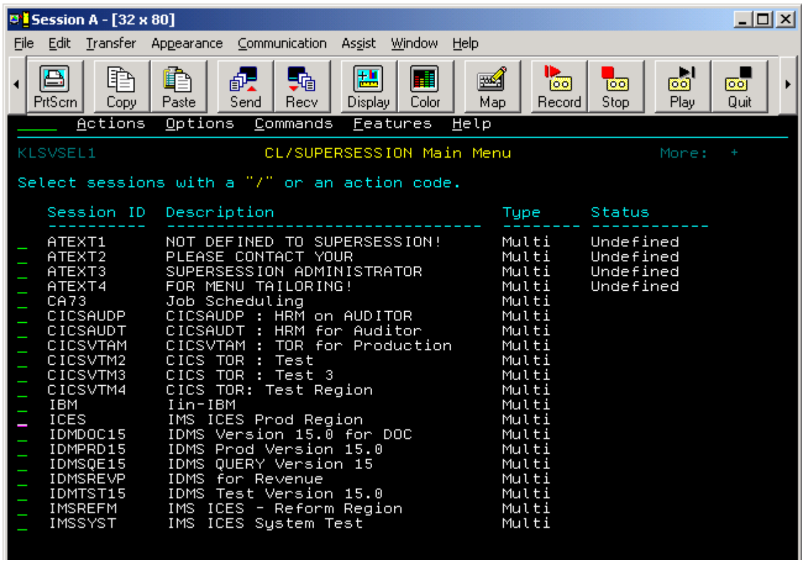


Figure 4.16 -- CL/SUPERSESSION Main Menu Window

17. The *View Flash Bulletins* window displays.

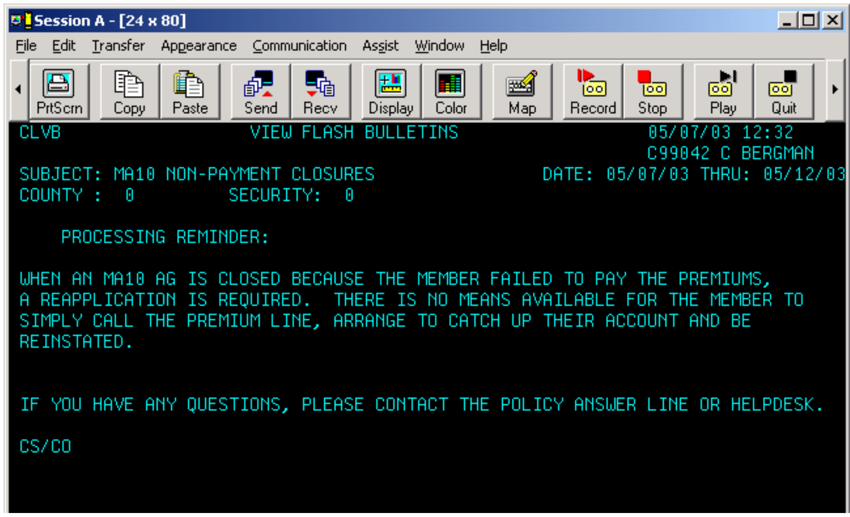


Figure 4.17 – View Flash Bulletins Window

18. Press Enter to display the Welcome to ICES! Selection Menu window. Type IQES in the NEXT TRAN: field. Type the member ID number in the PARMS: field and press Enter.

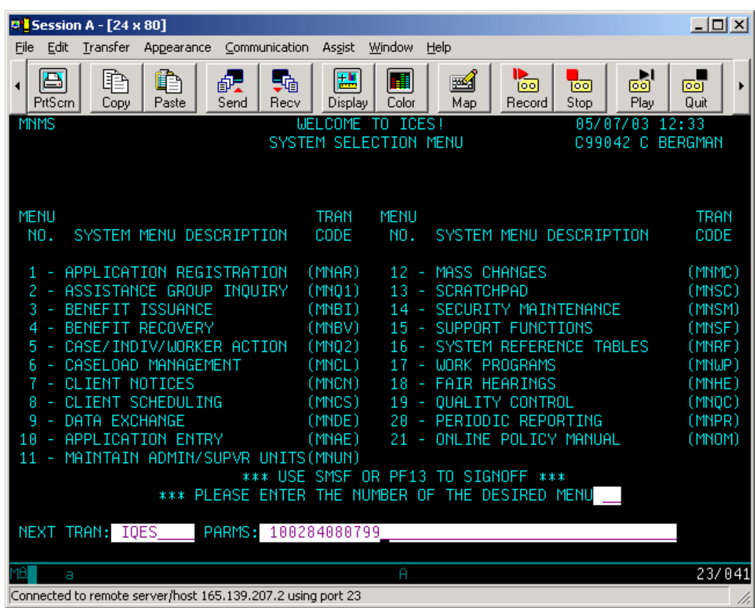
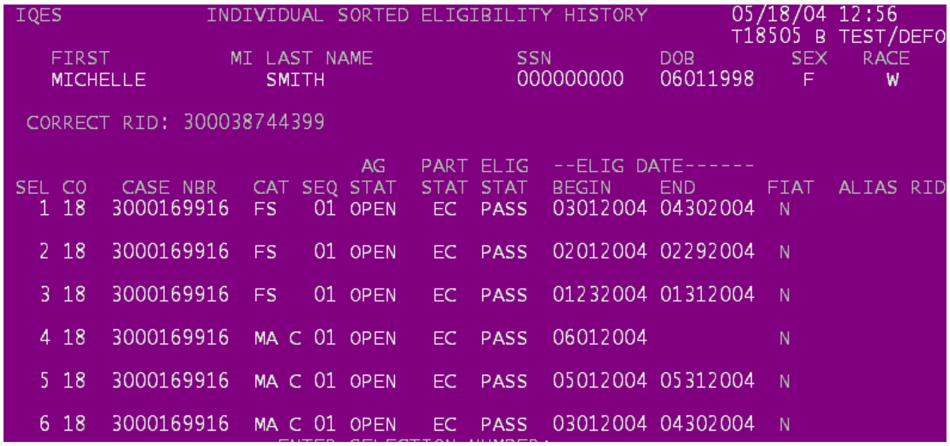


Figure 4.18 – ICES System Selection Menu Window

19. The *Individual Sorted Eligibility History* window displays. Use the *PF8* key to scroll through the pages until Medicaid (MA) appears in the *AG STAT* field. *Open* in the *AG Stat:* field and *Pass* in the *Elig Stat:* field indicates the member was eligible for Medicaid during the time frame selected



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IQES             INDIVIDUAL SORTED ELIGIBILITY HISTORY        05/18/04 12:56
                                                              T18505 B TEST/DEFO
   FIRST            MI LAST NAME               SSN         DOB        SEX   RACE
   MICHELLE            SMITH                   000000000   06011998    F     W

 CORRECT RID: 300038744399

                                 AG     PART ELIG  --ELIG DATE------
SEL  CO   CASE NBR    CAT SEQ STAT   STAT STAT  BEGIN    END       FIAT  ALIAS RID
  1  18  3000169916   FS    01 OPEN    EC  PASS  03012004 04302004   N
  2  18  3000169916   FS    01 OPEN    EC  PASS  02012004 02292004   N
  3  18  3000169916   FS    01 OPEN    EC  PASS  01232004 01312004   N
  4  18  3000169916   MA C  01 OPEN    EC  PASS  06012004            N
  5  18  3000169916   MA C  01 OPEN    EC  PASS  05012004 05312004   N
  6  18  3000169916   MA C  01 OPEN    EC  PASS  03012004 04302004   N
```

Figure 4.19 – Individual Sorted Eligibility History

20. After confirming the dates of the IHCP eligibility, maximize the Indiana*AIM* windows and determine if just the 590 Effective Date/End Date must change or if the entire 590 period must change. The insurance analyst, with appropriate security access, can change the Effective Date/End Date of the 590 coverage in Indiana*AIM*. If the entire 590 period must change, the eligibility analyst sends an email to INXIX Systems Support to change or remove the member name, RID number, and the action taken. If Indiana*AIM* is missing eligibility segments, contact the ICES project team to complete a reseed to force ICES to update Indiana*AIM*.

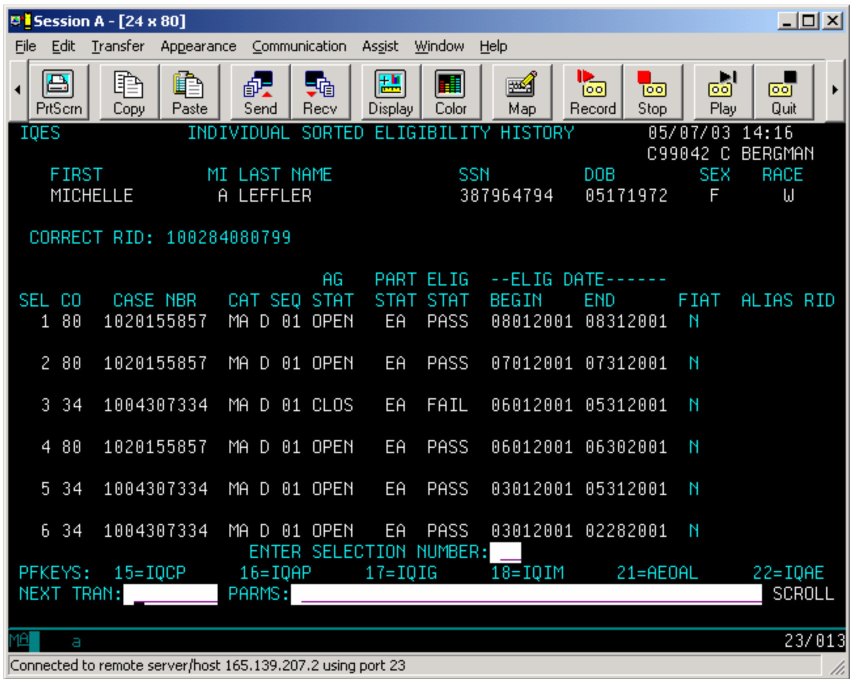


Figure 4.20 – ICES Eligibility History Window

21. The second priority, determined by the customer, for the *ICES Eligibility Update Error Report* is *SSN Exists for Another Recipient*. Log on to Indiana*AIM*. At the main menu click **Recipient** to display the *Recipient Search* window. Type the Social Security number from the report in the *SSN:* field and click **Search**.

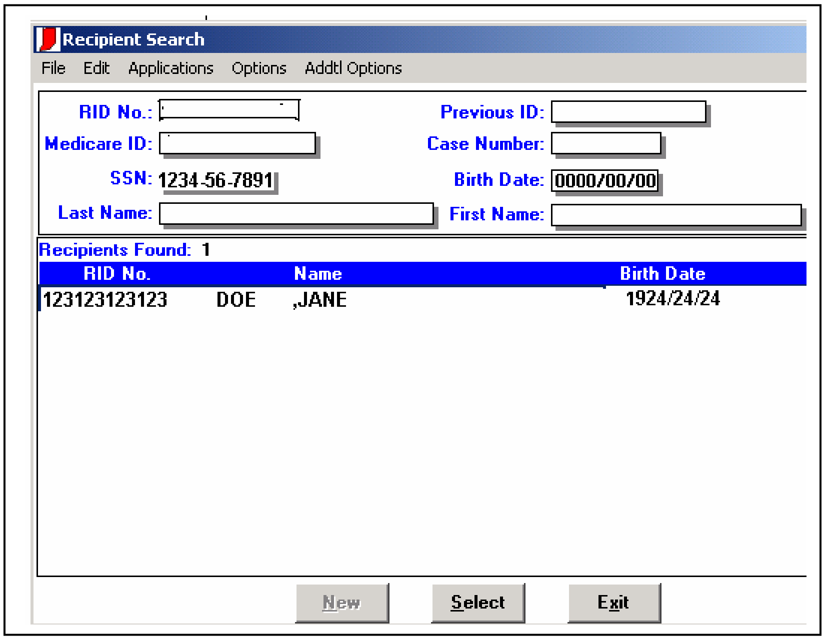


Figure 4.21 – Recipient Search Window

22. The *Recipient Search* window displays the member found in the *Recipients Found* field. At the tool bar, click **Options**. From the drop-down menu, click **Eligibility** and the *Recipient Eligibility* window displays

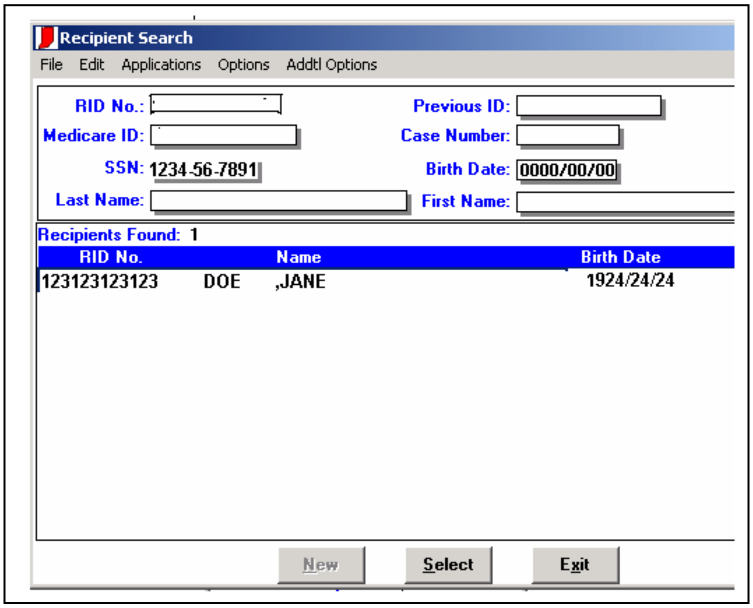


Figure 4.22 – Recipient Search Window Showing Members Found

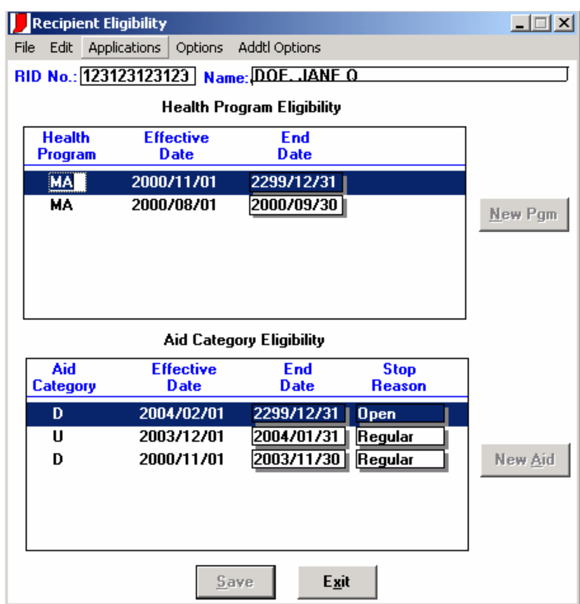


Figure 4.23 – Recipient Eligibility Window

23. At the tool bar., click Options and then click **Base.**. Move the *Base* window to view both the *Recipient Base* and the *Recipient Eligibility* window.

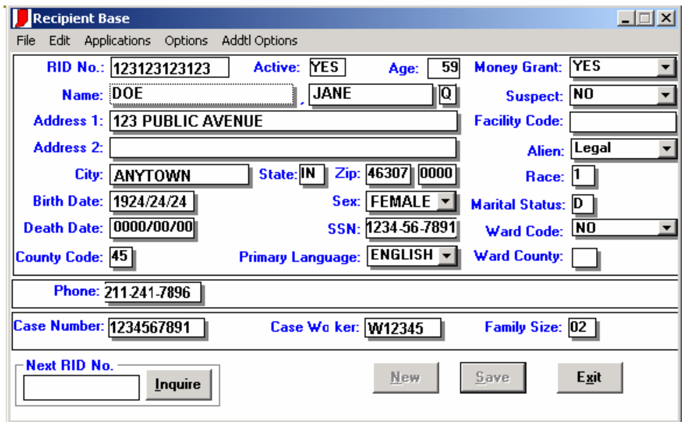


Figure 4.24 – Recipient Base Window

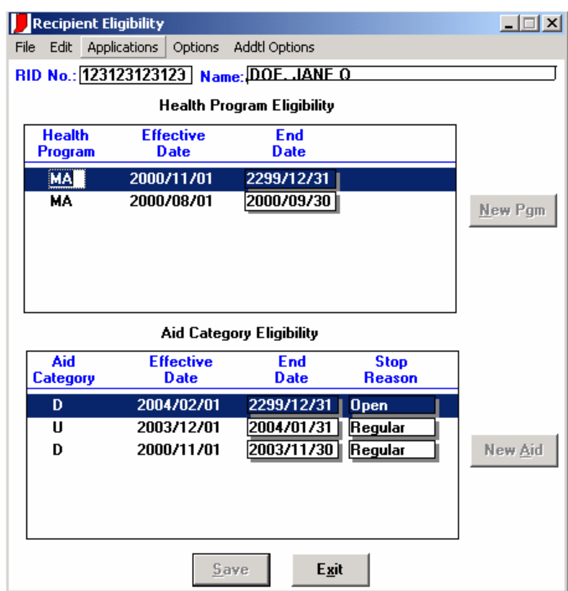


Figure 4.25 – Recipient Eligibility Window

24. With both windows visible, at the toolbar of one window, click **File.** From the drop-down menu, click **Print**, and then click **Screen** to print the view showing both windows.

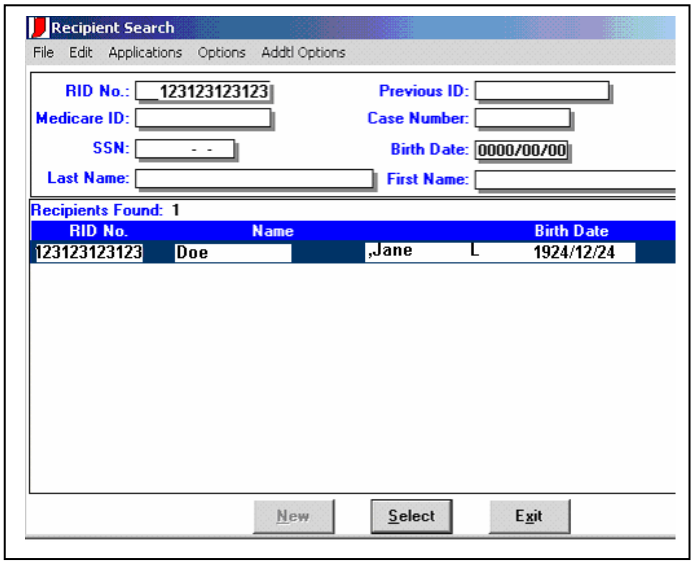


Figure 4.26 – Recipient Search Showing Members Found

25. Return to the *Recipient Search* window and type the member ID number from the report into the *RID No.* field on the *Recipient Search* window. Click **Search**.

26. The *Recipient Eligibility* window displays. Click **Options** and click **Eligibility** from the drop-down menu. Click **Standard** from the slide-out menu and the *Recipient Eligibility* window displays. Click **Options** and click **Base** from the drop-down menu. Move the *Recipient Base* window so both windows are visible. To print the screen showing both windows click **File**, **Print**, and then **Screen**.

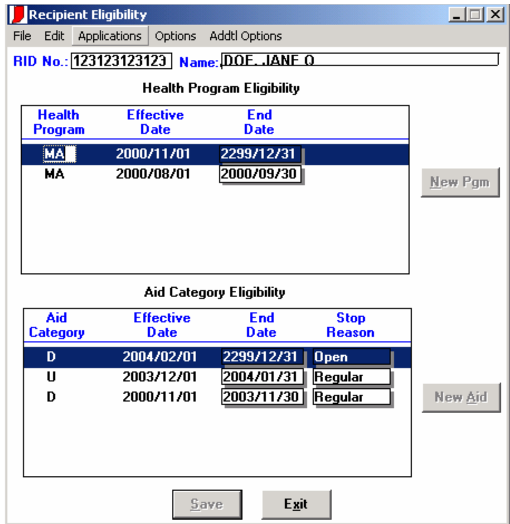


Figure 4.27 – Recipient Eligibility Window Showing Effective Dates

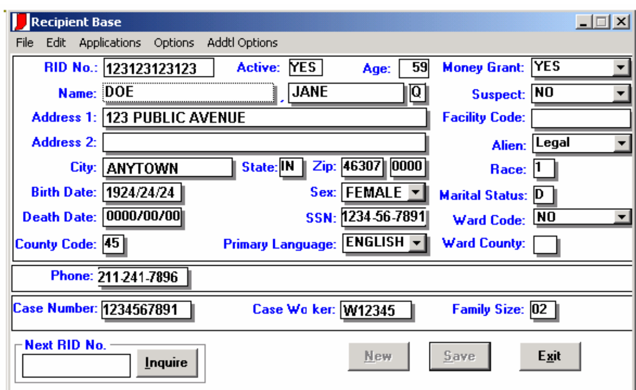


Figure 4.28 – Recipient Base Window Showing RID Number Information

27. Compare the RID number information from Indiana*AIM* and ICES. If the RID numbers represent the same member and one of the RID numbers does not indicate a *case number* and *caseworker*, the Social Security number must be removed from that RID number. Send an e-mail, requesting removal of the Social Security number to INXIX Systems Support. This allows the active RID number to pass from ICES and update the *SSN:* field in Indiana*AIM*. If both RID numbers have a *case number* and a *caseworker*, contact the county DFC office to link the RID numbers. Refer to the *Suspended ICES Recipient Duplicate* procedures in this section.

Priority three on the report is *Date of Birth Change >60 Days*. This information allows verification of member information when a change in the birth date is greater than 60 days. Use the following steps to verify the date of birth:

1. Log on to Indiana*AIM* by typing the user ID and password in the appropriate fields on the *System Logon* window.

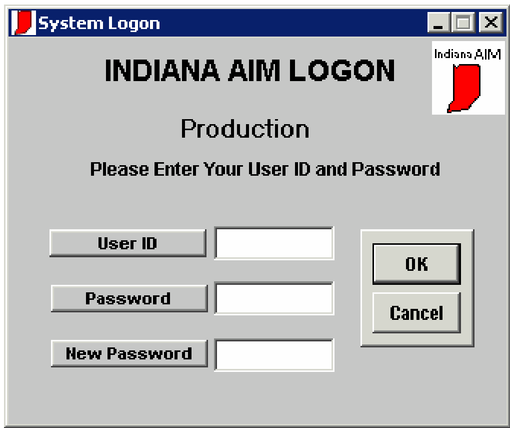


Figure 4.29 – Indiana*AIM* Logon Window

2. On the *Main Menu – Production* window, click **Recipient**.

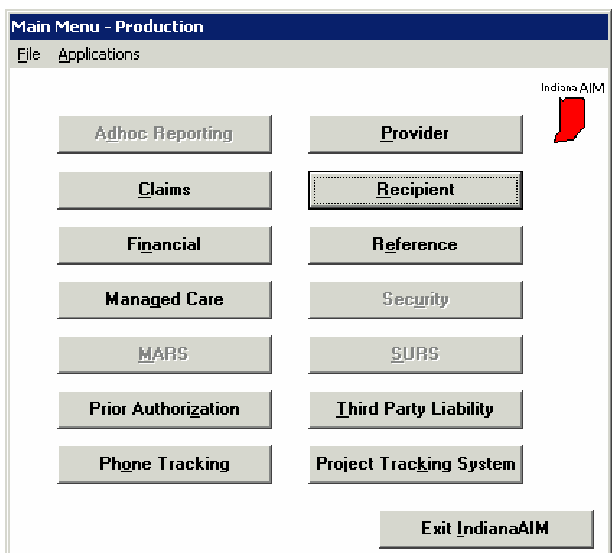


Figure 4.30 – Main Menu – Production

3. The *Recipient Search* window displays. Type the member ID number in the *RID No.:* field and click **Search**.

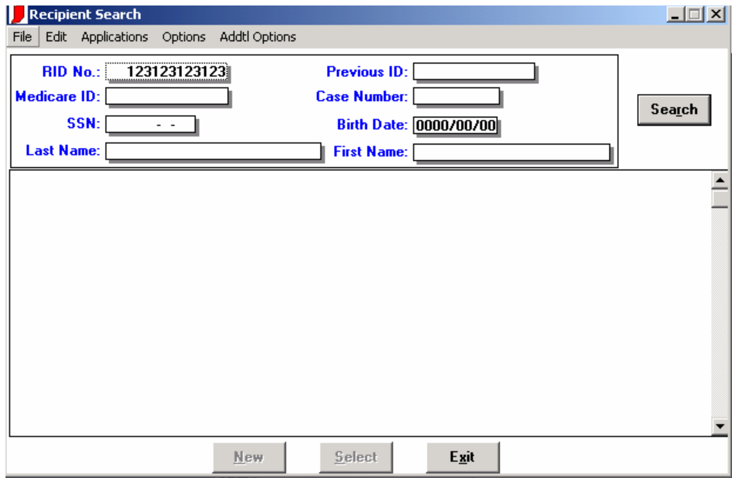


Figure 4.31 – Recipient Search Window Showing RID Number

4. The members found are displayed in the *Recipients Found* field.

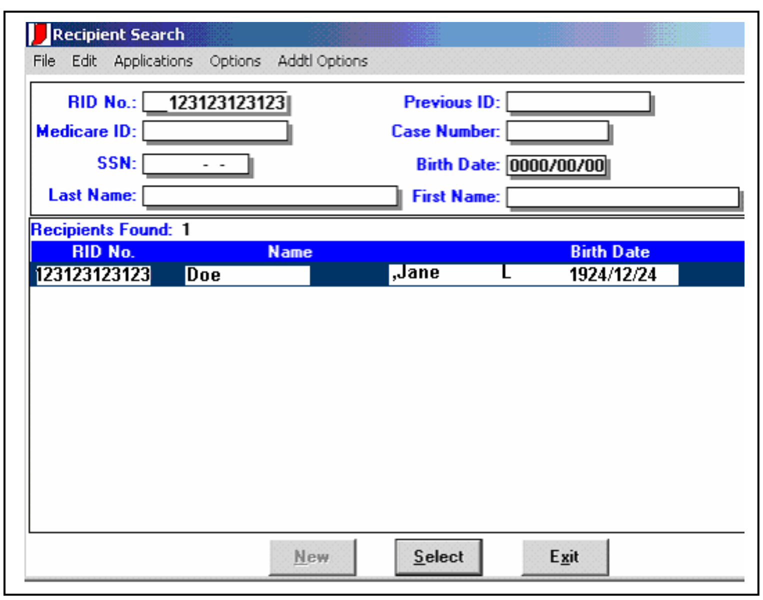


Figure 4.32 – Recipient Search Window Showing Members Found

5. On the *Recipient Search* window, click **Options**. From the drop-down menu, click **Base** and the *Recipient Base* window displays.

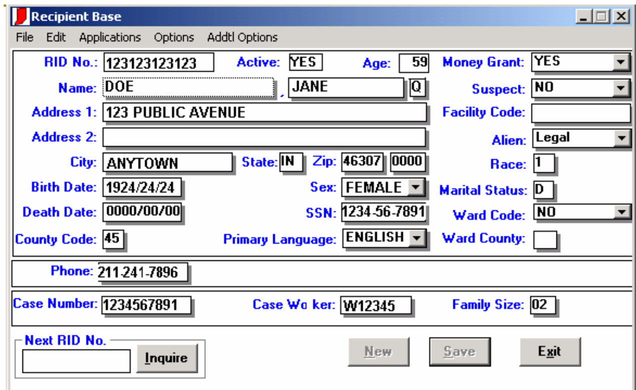


Figure 4.33 – Recipient Base Window Showing Member Information

6. On the *Recipient Base* window click the *DOB* field and then click **File.** From the drop-down menu click **Audit** to display the *Audit Trail* window. Click the **Show All** button.

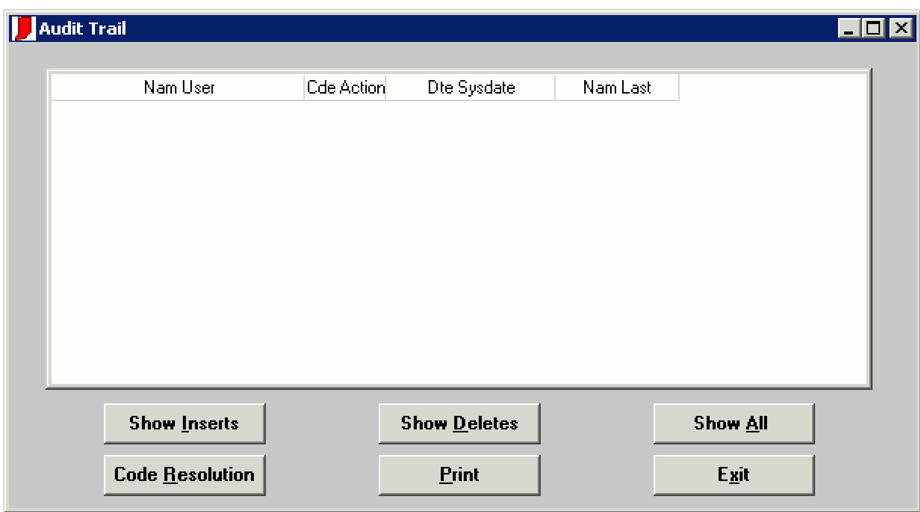


Figure 4.34 – Audit Trail Window

This window displays any changes to the member's base information. Scroll right to find the *Date of Birth* field. This field shows the date of birth prior to the change made in Indiana*AIM*. Dates with significant changes such as 20 years or more, or to a different month are investigated. For example when a birth date changes from December 12, 1978, to February 1, 1952, review the prior changes to determine if it is due to a typographical error or contact the caseworker for an explanation. If the change was not significant, and the discrepancy appears to be a clerical error, for example the date was changed from December 12, 1978, to December 12, 1979, no action is required.

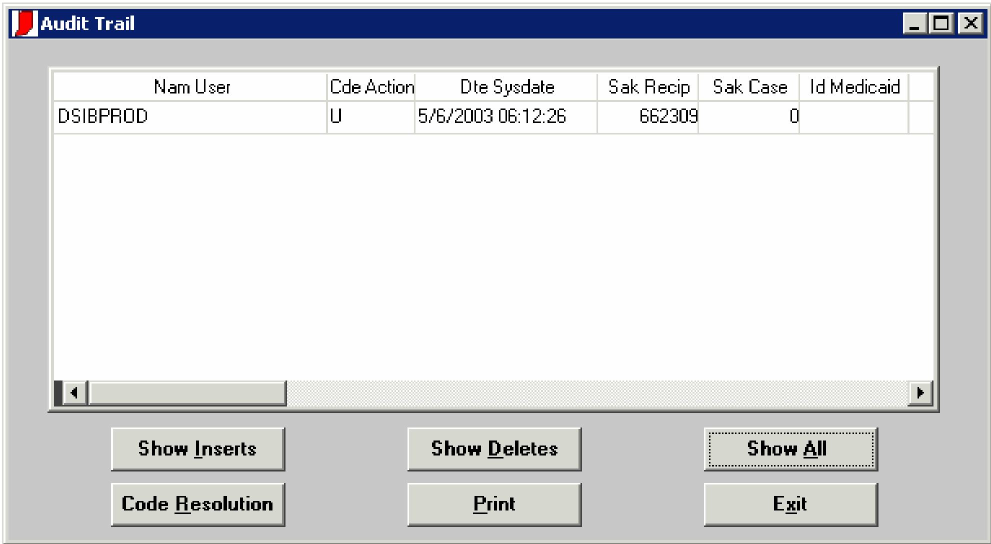


Figure 4.35 – Audit Trail Window Showing Audit Trail Information

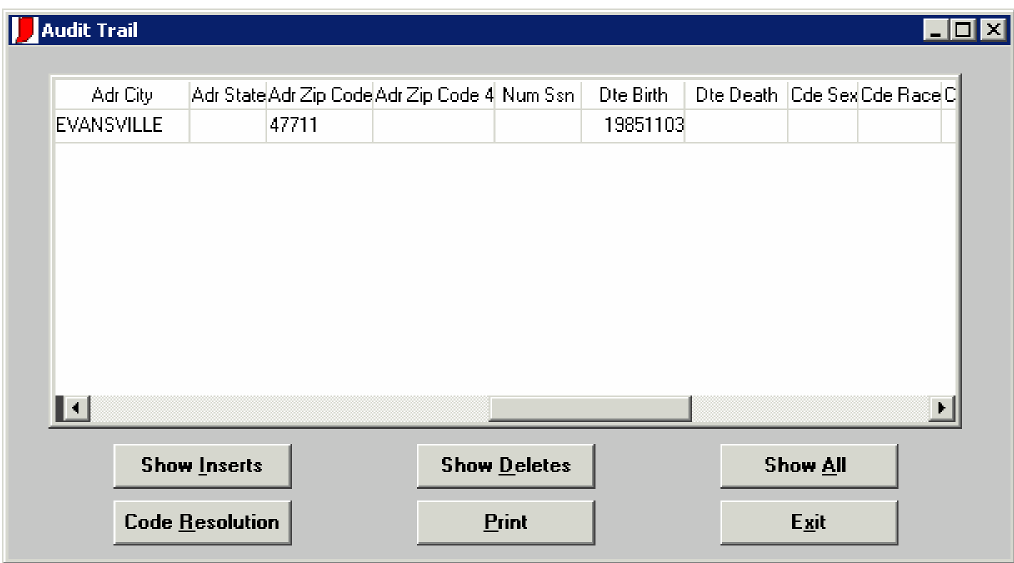


Figure 4.36 – Audit Trail Window Scrolled to Right

Aid Categories with Age/Time Limits

Certain aid categories have set age and time limits. This report identifies recipients with open eligibility in Indiana*AIM* who have exceeded an age or time limit. For example, Transitional Medical Assistance (MA F) is often given to members who were on another aid category and only need assistance for a short time. The time period for this aid category is typically 12 months. Anyone in this aid category for more than 12 months would be reviewed. This report is separated by county. It is only necessary to focus on the items =/> 90 days. The following steps are used to work the *Aid Categories with Age/Time Limits* report.

1. Open the *OnDemand* application and access the *ELG0410M* report. The date range is the first day of the month through the last day of the month. This allows access to the report for the month selected, even if the specific day is unknown.

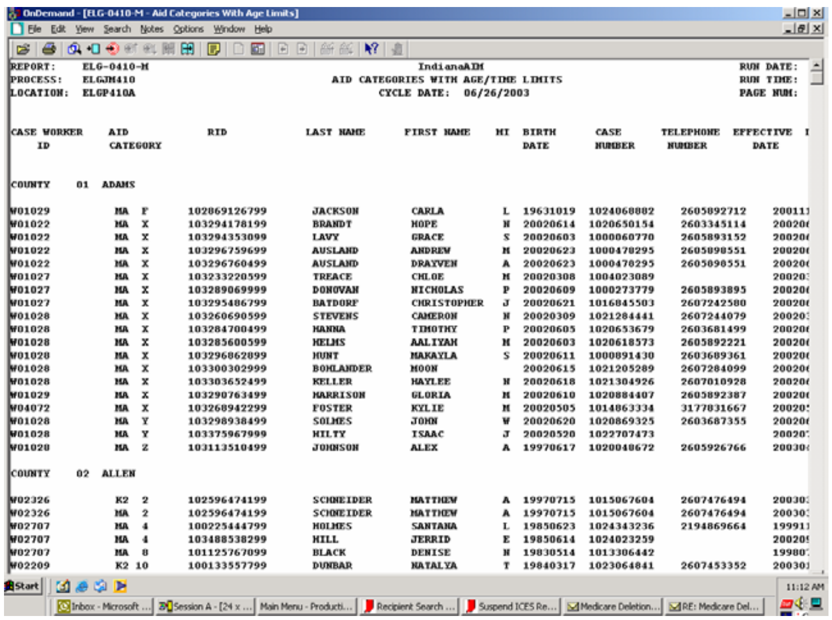


Figure 4.37 – OnDemand Window Showing *ELG041OM* Report

2. Print only the lines that show 90 days or greater. The SE responsible is asked to place the report in an Excel spreadsheet. The eligibility analyst then sorts by the days lapsed, and prints only the lines that show 90 days or greater.

3. Log on to IndianaAIM.

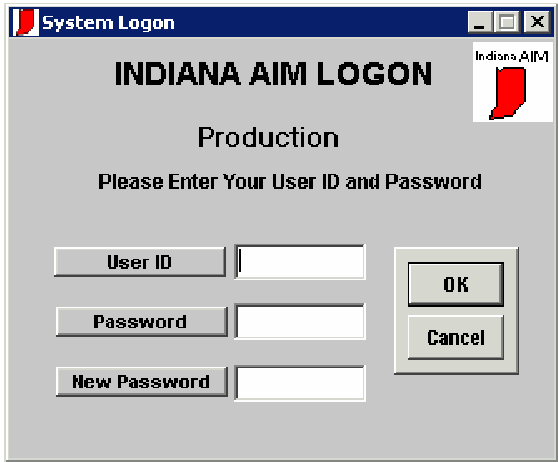


Figure 4.38 – IndianaAIM Logon Window

4. On the *Main Menu – Production* window click **Recipien**t.

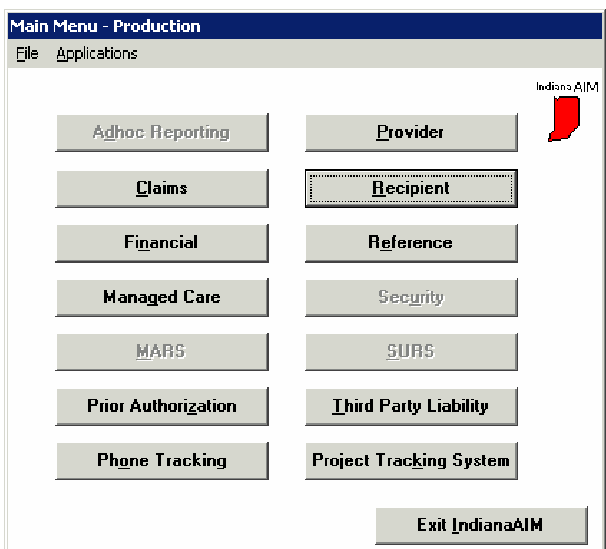


Figure 4.39 – Main Menu – Production Window

5. The *Recipient Search* window displays. On the *Recipient Search* window, in the *RID No:* field, type the member ID number and click **Search**.

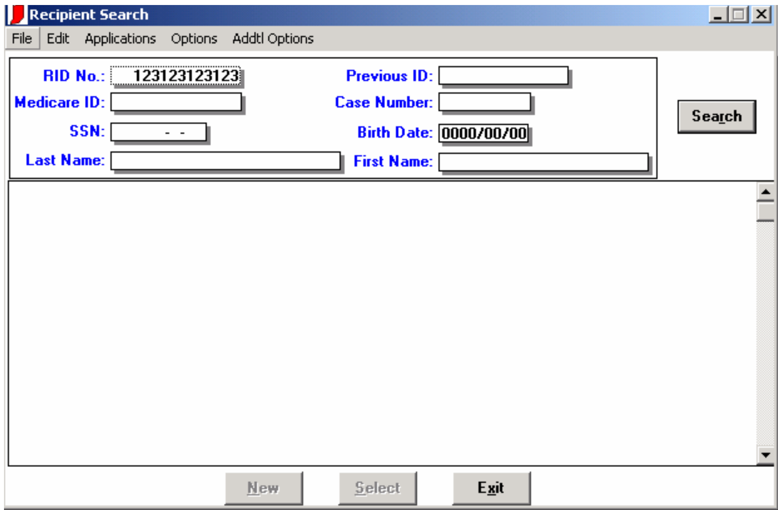


Figure 4.40 – Recipient Search Window Showing RID Number

6. The *Recipient Search* window displays the members found in the *Recipients Found* field. Click the highlighted member to display the *Recipient Eligibility* window.

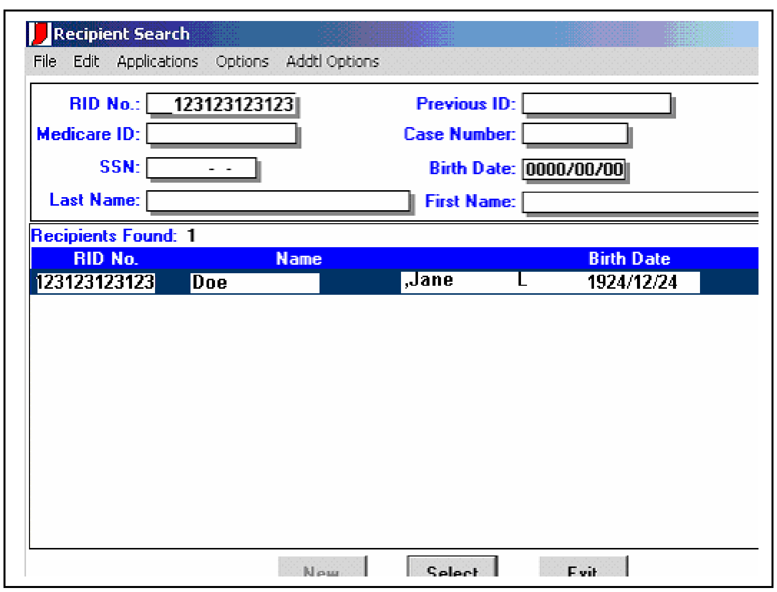


Figure 4.41 – Recipient Search Window Showing Members Found

7. On the *Recipient Eligibility* window, click **Options**. From the drop-down menu, click **Eligibility** and from the slide-out menu, click **Standard**. If eligibility is closed the process is complete. If eligibility in an age or time defined category is still open, further research is required.

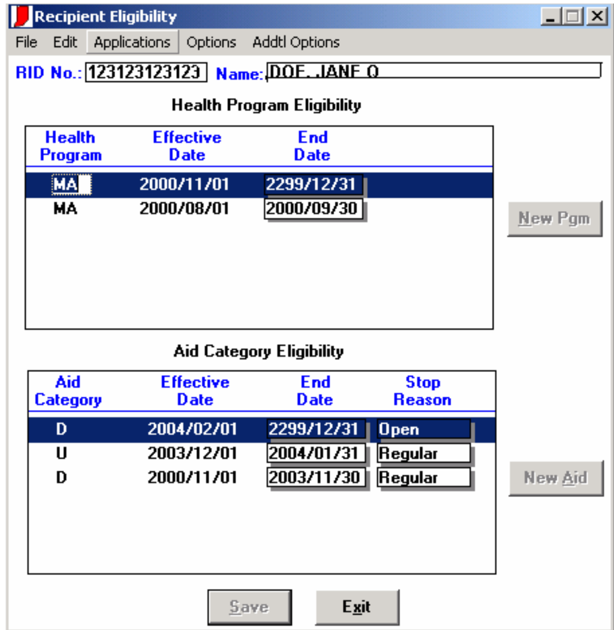


Figure 4.42 – Recipient Eligibility Window Showing Eligibility Information

8. To complete additional research open the *ICES* application. Type **gateway1_** on the lower left corner on the *State of Indiana ACF/VTAM System Log On* window and press **Enter**.

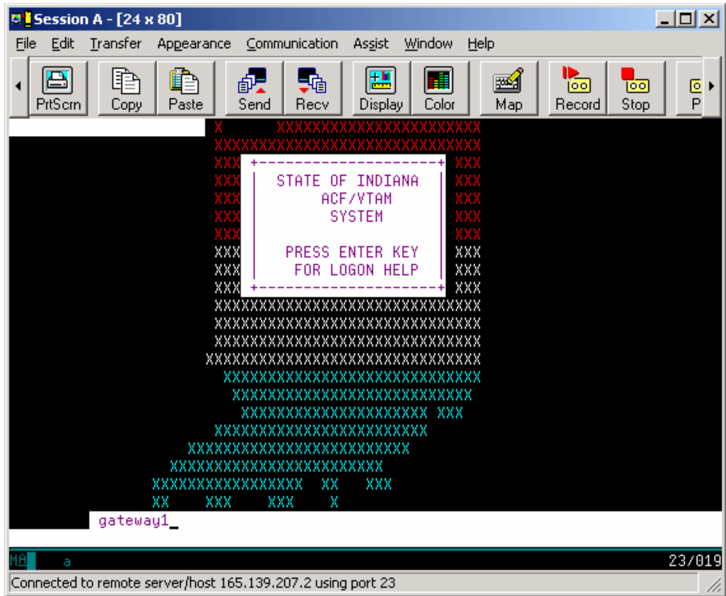


Figure 4.43 – ICES Logon Window

9. The *Entry Validation* window displays. Type the user ID and password in the appropriate fields and press **Enter**. The *CL/SUPERSESSION Main Menu* window displays.

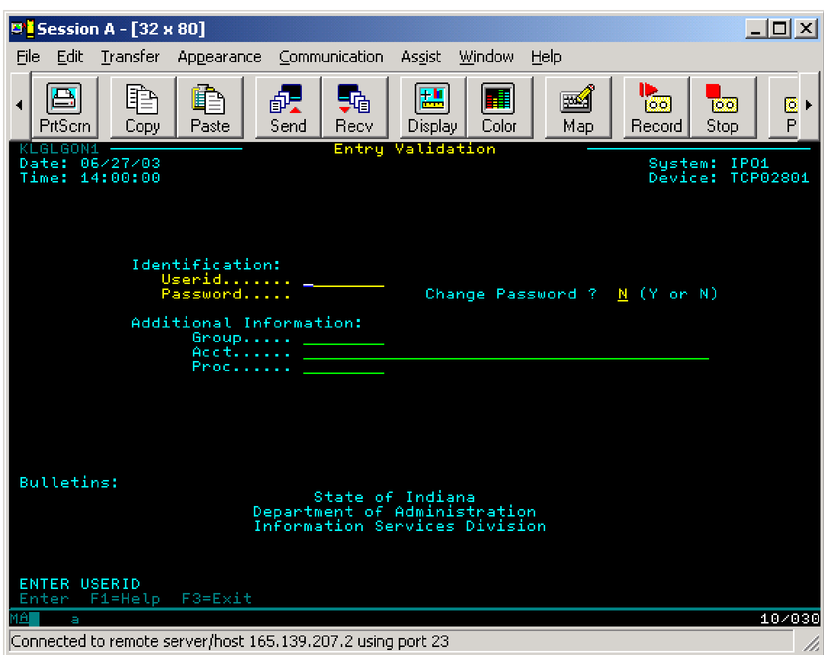


Figure 4.44 – ICES Entry Validation Window

10. Tab to *ICES* and press **Enter**.

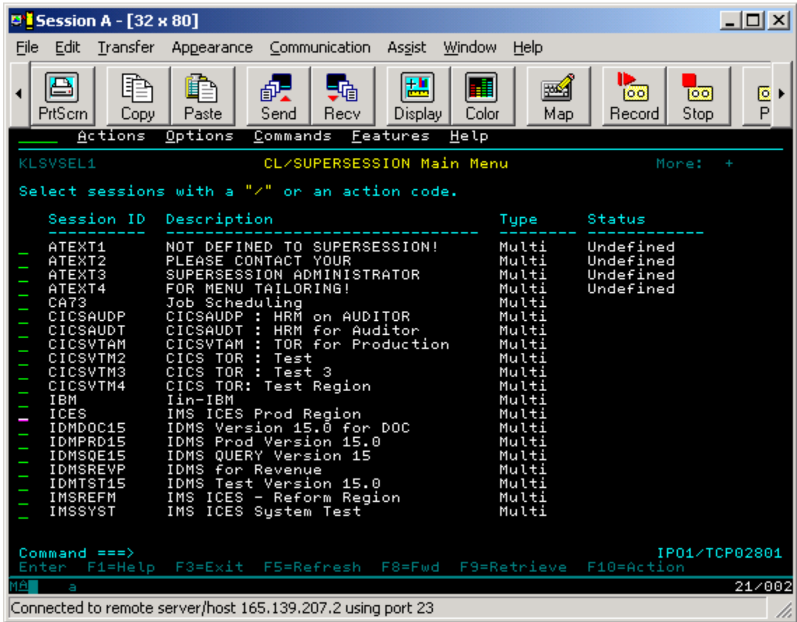


Figure 4.45 – CL/SUPERSESSION Main Menu

11. The *View Flash Bulletins* window displays.

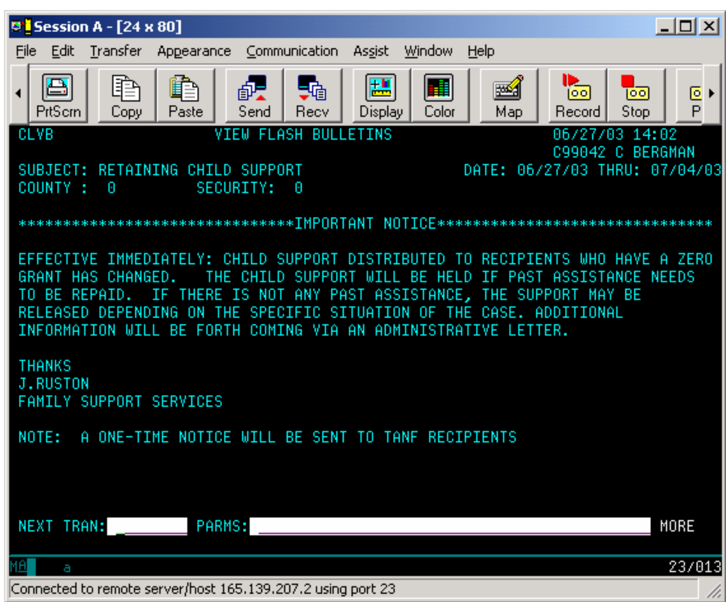


Figure 4.46 – View Flash Bulletins Window

12. Press **Enter** and the *Welcome to ICES! System Selection Menu* displays. To view running record comments, type **CLRC** in the *Next Tran:* field. Type the

case number and today's date in the *PARMS:* field in the format indicated by the example. Press **Enter**.

Figure 4.47 – ICES System Selection Menu

13. The Running Record Comments window displays.

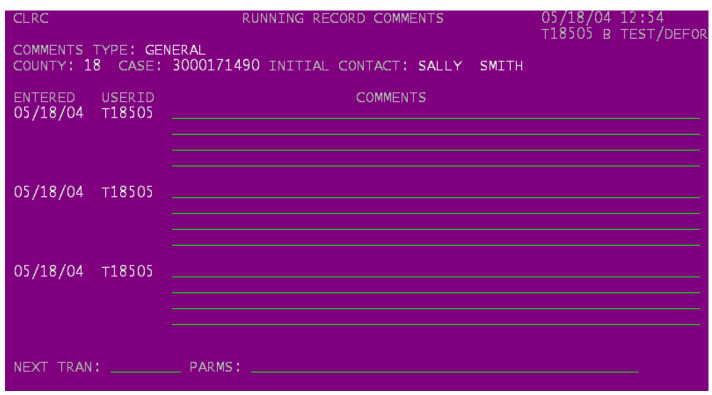
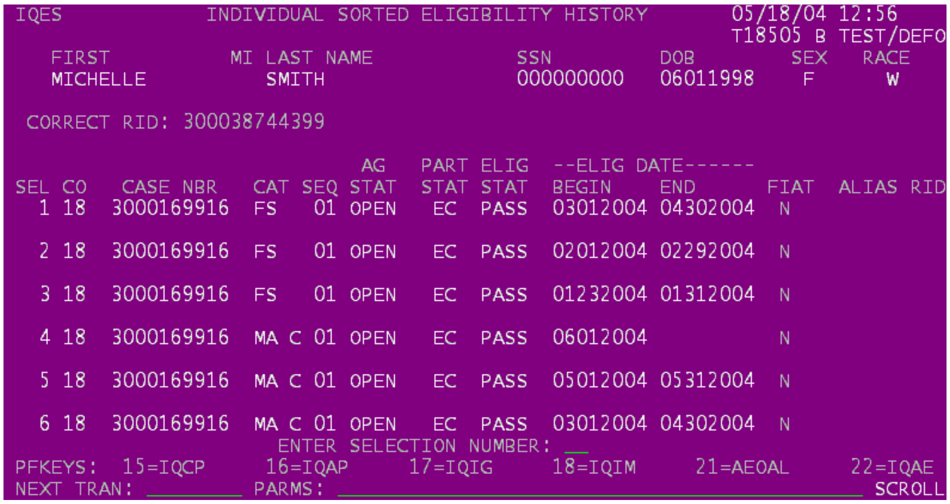


Figure 4.48 – Running Records Comments Window

14. To review the comments and determine why the age or time limit was exceeded, type **IQES** in the *Next Tran:* field and the member ID number in the *PARMS:* field and press **Enter**.

15. The *Individual Sorted Eligibility History* window displays showing aid categories. Type **IQES** in the *Next Tran:* field and the RID number in the *PARMS:* field. This displays the aid categories that have passed from ICES to

Indiana*AIM*. If the research indicates the aid category was exceeded, send an email to the county DFC requesting corrective action. If an aid category is in *AG STAT* column shows pending, or the ELIG STAT column shows pass, no contact with county is required.



IQES INDIVIDUAL SORTED ELIGIBILITY HISTORY 05/18/04 12:56
T18505 B TEST/DEFO

FIRST	MI	LAST NAME	SSN	DOB	SEX	RACE
MICHELLE		SMITH	000000000	06011998	F	W

CORRECT RID: 300038744399

SEL	CO	CASE NBR	CAT	SEQ	AG STAT	PART STAT	ELIG STAT	--ELIG DATE------ BEGIN	END	FIAT	ALIAS RID
1	18	3000169916	FS	01	OPEN	EC	PASS	03012004	04302004	N	
2	18	3000169916	FS	01	OPEN	EC	PASS	02012004	02292004	N	
3	18	3000169916	FS	01	OPEN	EC	PASS	01232004	01312004	N	
4	18	3000169916	MA C	01	OPEN	EC	PASS	06012004		N	
5	18	3000169916	MA C	01	OPEN	EC	PASS	05012004	05312004	N	
6	18	3000169916	MA C	01	OPEN	EC	PASS	03012004	04302004	N	

ENTER SELECTION NUMBER: __
PFKEYS: 15=IQCP 16=IQAP 17=IQIG 18=IQIM 21=AEOAL 22=IQAE
NEXT TRAN: ________ PARMS: ________ SCROLL

Figure 4.49 – Individual Sorted Eligibility History Window

ID Card Generation and Validation

Identification (ID) cards are generated by ICES when a file is sent from ICES to Indiana*AIM*. Indiana*AIM* sends an e-mail to the eligibility analyst with the first five RID numbers with ID cards generated. The eligibility analyst validates the first five cards and if the first five cards are generated appropriately, it is determined the job ran correctly.

After ID cards are created they are validated using the following steps:

1. Open the ICES application and the *State of Indiana ACF/VTAM System Log On* window displays. Type **gateway1** in the white space in the lower left corner of the window and press **Enter**.

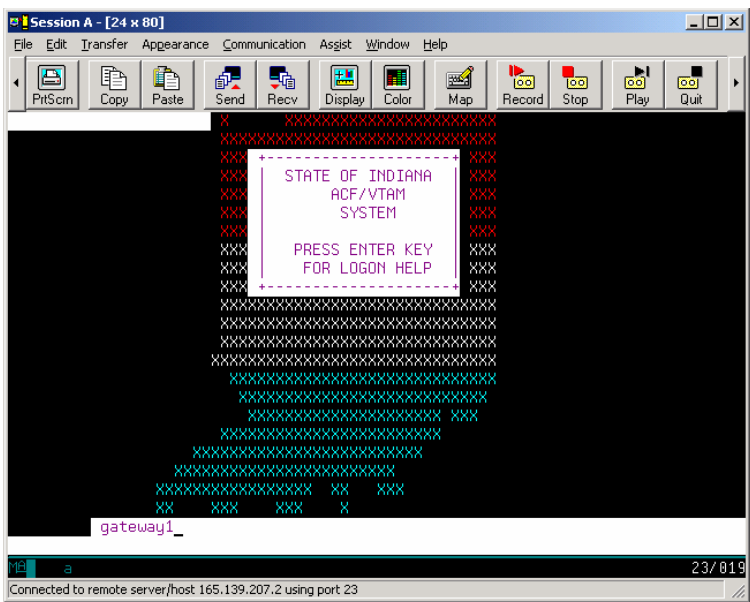


Figure 4.50 – ICES Logon Window

The *Entry Validation* window displays.

2. Type the user ID and password in the appropriate fields on the window. Press **Enter**.

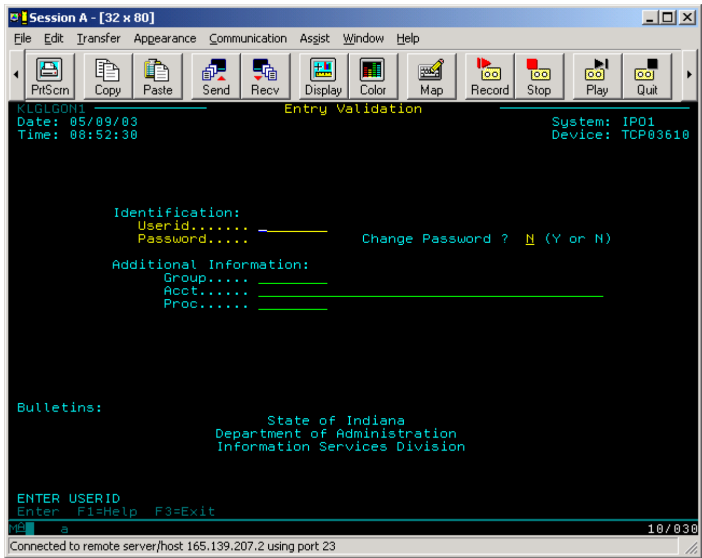


Figure 4.51 – ICES Entry Validation Window

3. Tab to *ICES* and press **Enter**.

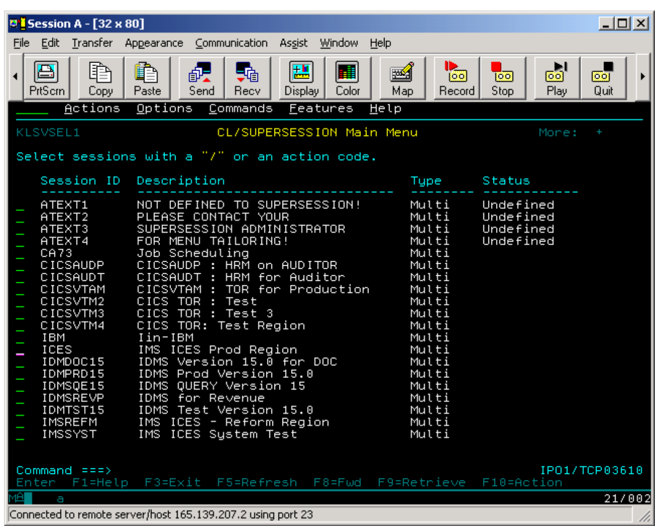


Figure 4.52 – ICES CL/SUPERSESSION Main Menu

4. The *View Flash Bulletins* window displays. Press **Enter**. This window is used to provide messages from the ICES project team to the county caseworkers.

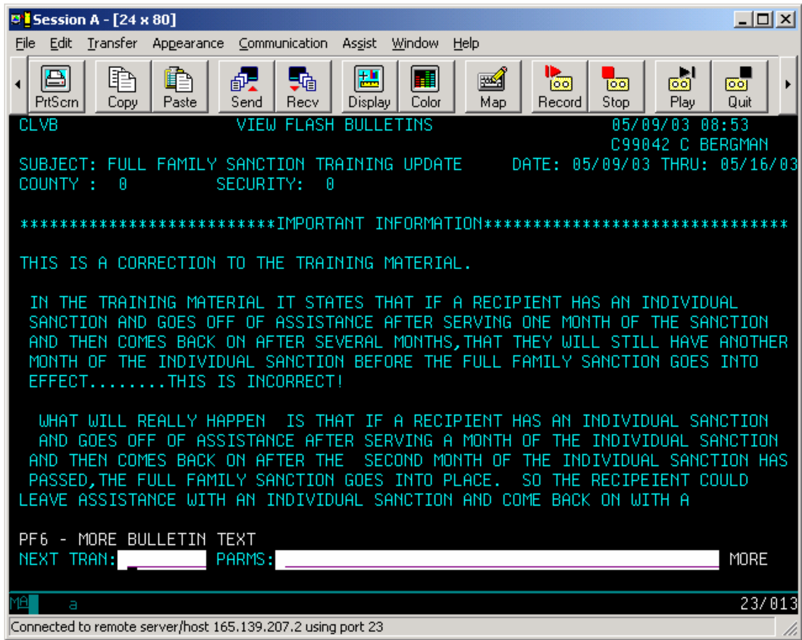


Figure 4.53 – ICES View Flash Bulletin Window

5. When ID cards are generated, an e-mail is systematically sent to designated users, such as the eligibility analyst, for verification. The e-mail subject line reads: *List of RIDS with ID Cards Generated on…* and includes the specific date. Open the e-mail to view the member ID numbers of the first five ID cards generated on the given date.

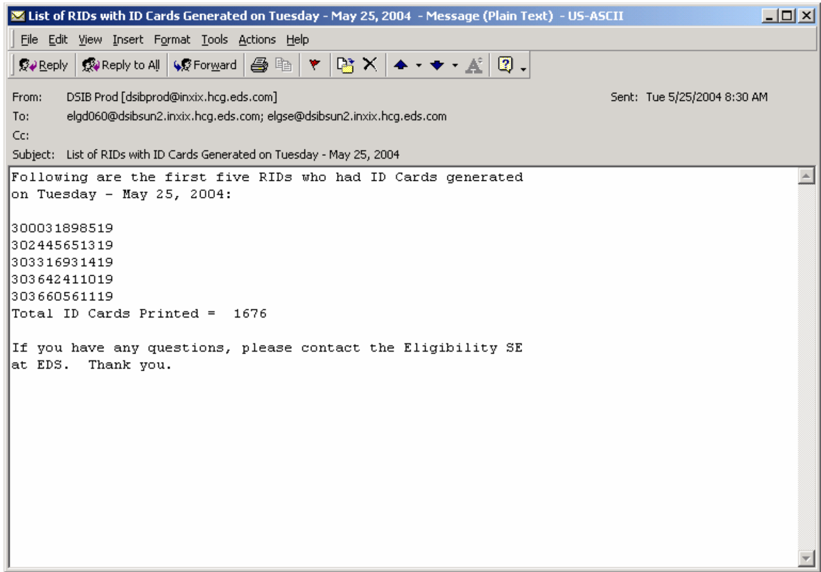


Figure 4.54 – System E-Mail Showing ID Cards Generated

6. Open the ICES application, in the *Next Tran* field type **IQMA,** in the *PARMS* field type the first member ID number from the email and press **Enter**.

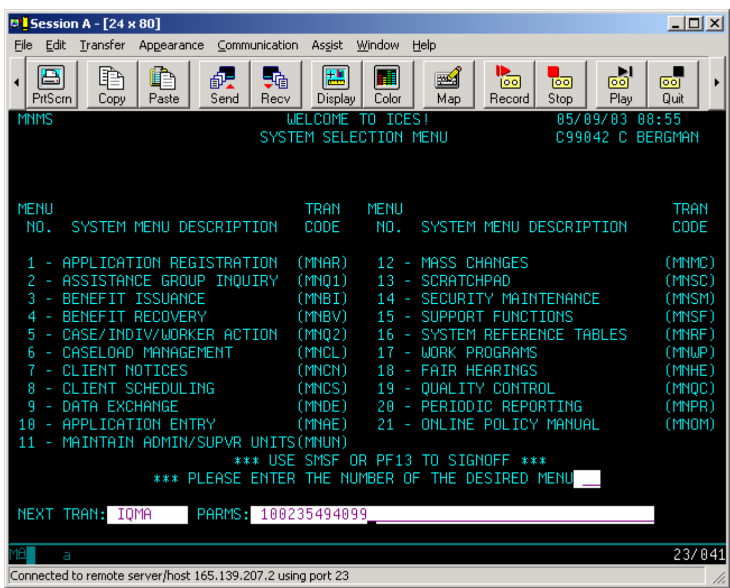


Figure 4.55 – ICES System Selection Menu

7. The *AIM Issuance History* window displays. This window displays the *Request Date* and the *Issue Date*. Verify that the *Issue Date* in ICES matches the generated date in the e-mail. Check all five RID numbers to ensure that ICES identifies cards generated by Indiana*AIM* for each RID. Contact INXIX Systems Support about any cards that do not appear in ICES.

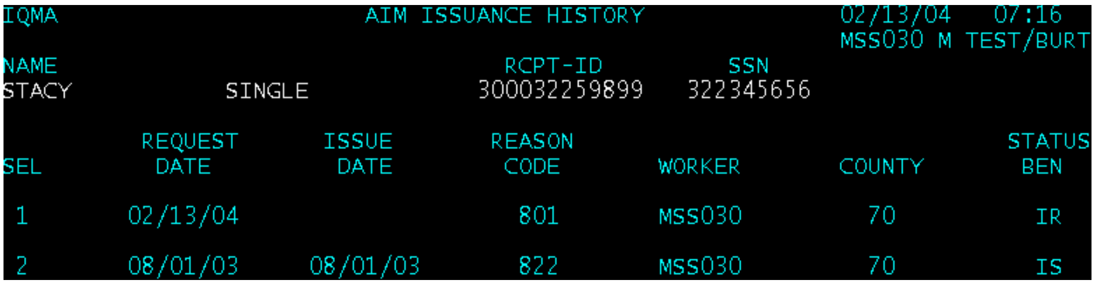


Figure 4.56 – ICES AIM Issuance History Window

Suspended ICES Recipient Duplicates

When ICES passes information to update Indiana*AIM*, it rejects update of a RID number for the following:

- Social Security number currently on file in Indiana*AIM*
- First five digits of the last name, the first three digits of the first name, and the date of birth match a member ID currently on file in Indiana*AIM*

The rejected items appear on the *Suspended ICES Recipient Duplicates* report. The following steps are taken to generate this report and correct the rejected items.

1. Log on to Indiana*AIM*.

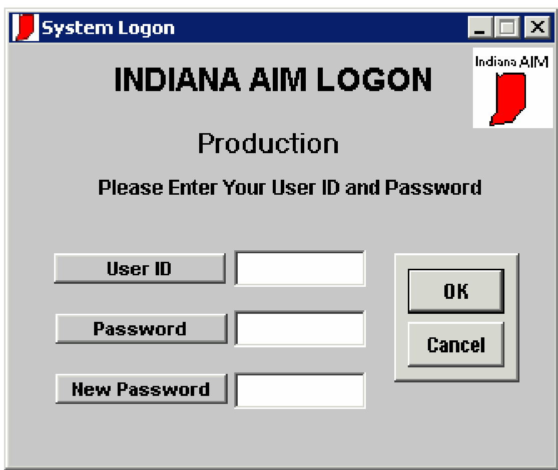


Figure 4.57 – Indiana*AIM* Logon Window

2. Click **Recipient** on the *Main Menu – Production* window.

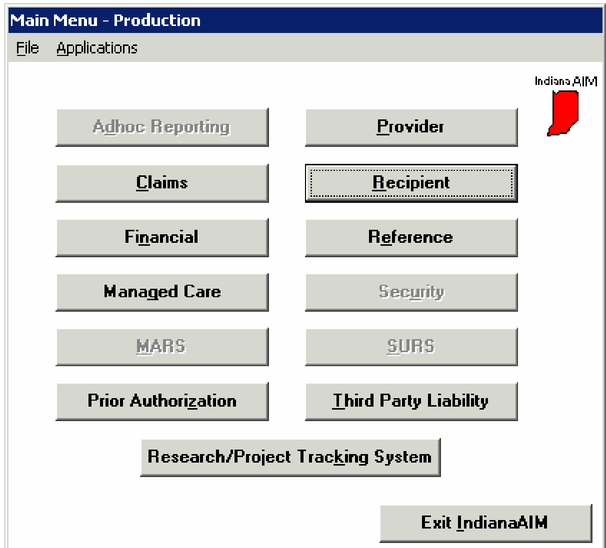


Figure 4.58 – Main Menu – Production Window

3. The *Recipient Search* window displays. Click **Options**, and then click **Suspended ICES Dupe** on the drop-down menu.

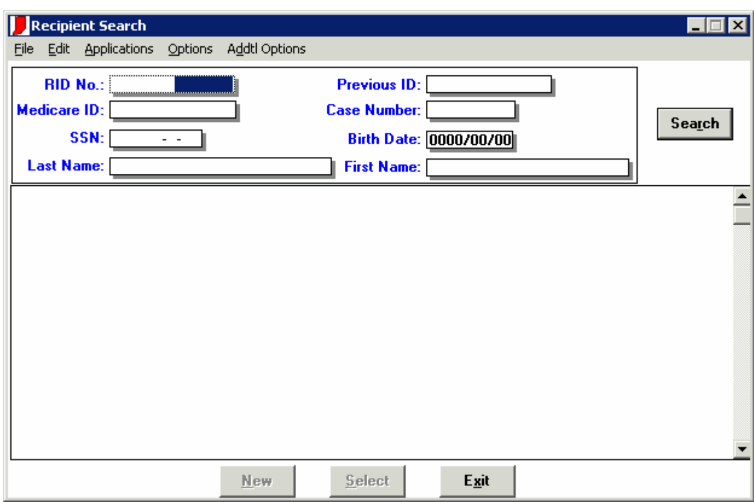


Figure 4.59 – Recipient Search Window

The *Suspend ICES Recipient Duplicates* window displays.

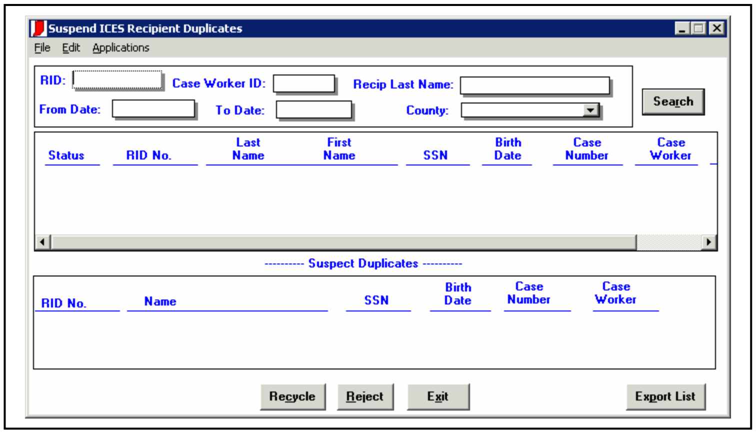


Figure 4.60 – Suspend ICES Recipient Duplicates

4. Type the appropriate date in the *From Date:* field in CCYYMMDD format.
5. Type the appropriate date in the *To Date:* field in CCYYMMDD format.
6. Click **Search** to display the duplicates listing.

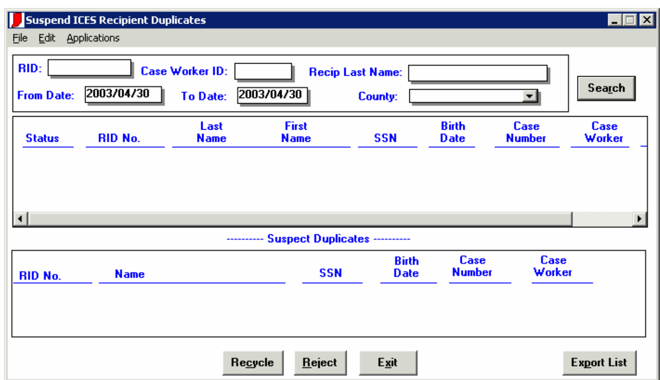


Figure 4.61 – Suspend ICES Recipient Duplicates Showing Dates

7. On the toolbar, click **File.** On the drop-down menu, click **Print** and then click **Data Window** to print the report.

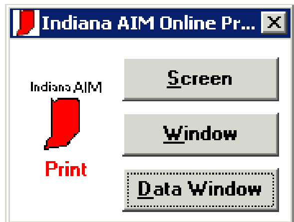


Figure 4.62 – IndianaAIM Online Print Window

8. Type each member ID number in the RID No: field at the top of the window and click Search. Double-click the Status field indicating *Reject* status to display the suspected duplicate. If multiple lines are displayed indicating multiple rejections, look at the *suspense date.* If over two weeks old, send a second request to the county. If under two weeks old, no further action is required at this time.

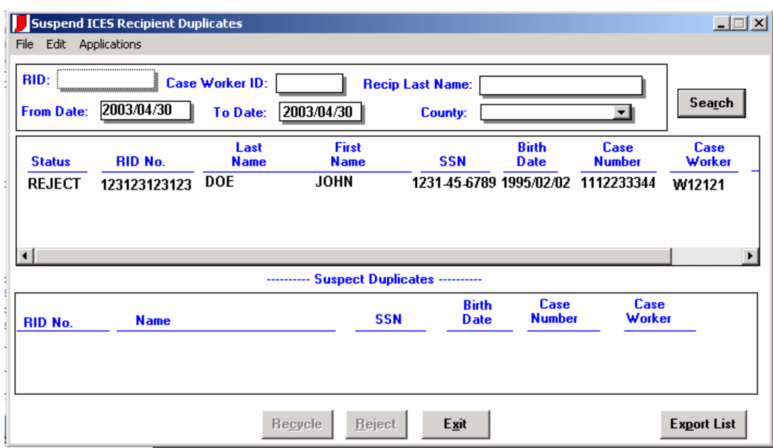


Figure 4.63 – Suspend ICES Recipient Duplicates Window Showing Duplicates

9. To verify the suspected duplicate member number in Indiana*AI*M click **Recipient** on the *Main Menu – Production* window. Type the member ID number of the suspected duplicate in the *RID No:* field on the *Recipient Search* window and click **Search**. The Recipient Search window displays the members found in the *Recipients Found* field.

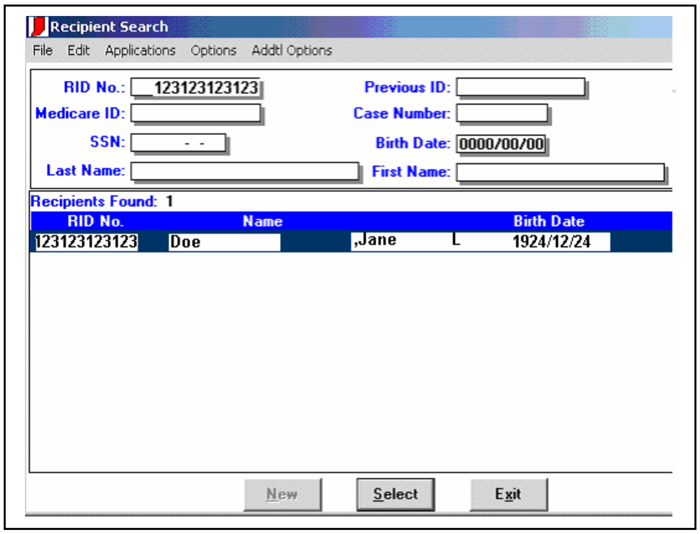


Figure 4.64 – Recipient Search Window Showing RID Number

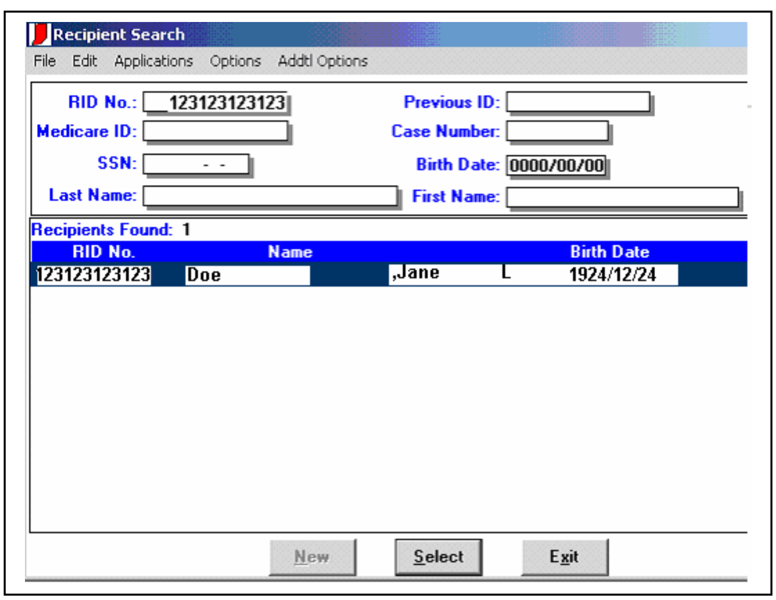


Figure 4.65 – Recipient Search Window Showing Members Found

10. Click **Options** and click **Eligibility** from the drop-down menu. Click **Standard** from the slide-out menu to display the *Recipient Eligibility* window. On the *Recipient Eligibility* window click **Options** and then click **Base** to display the *Recipient Base* window. Move the *Recipient Base* window and align to view both the *Recipient Eligibility* window and the *Recipient Base* window. Compare this information to the information in ICES for the rejected member ID.

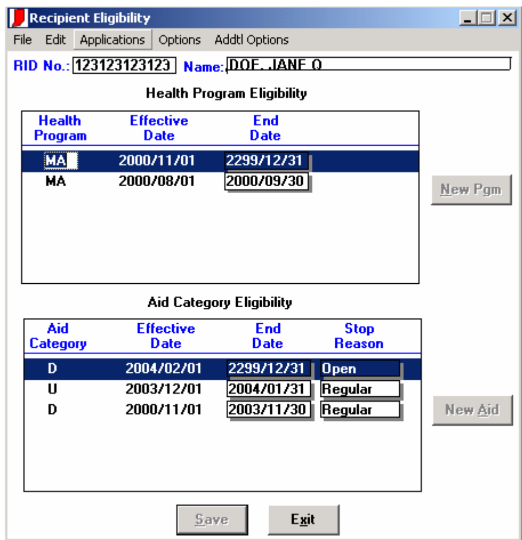


Figure 4.66 – Recipient Eligibility Window Showing Eligibility Information

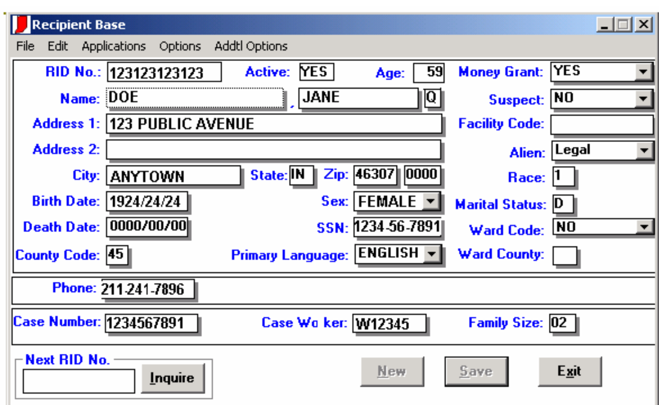


Figure 4.67 – Recipient Base Window Showing Member Information

11. Open the ICES application and type **gateway1** at the bottom of the *Session A log on* window and press **Enter** and the *Entry Validation* window displays.

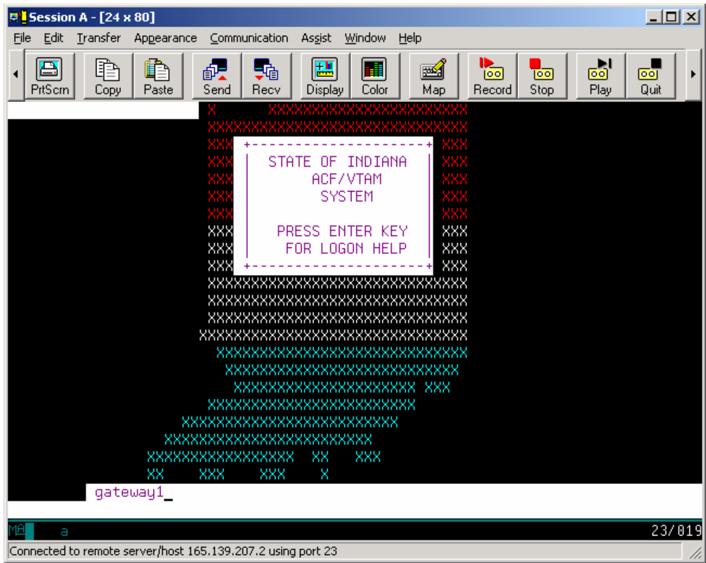


Figure 4.68 – ICES Logon Window

12. Type the user ID and password in the appropriate fields and press **Enter** and the *CL/SUPRESSION Main Menu* displays.

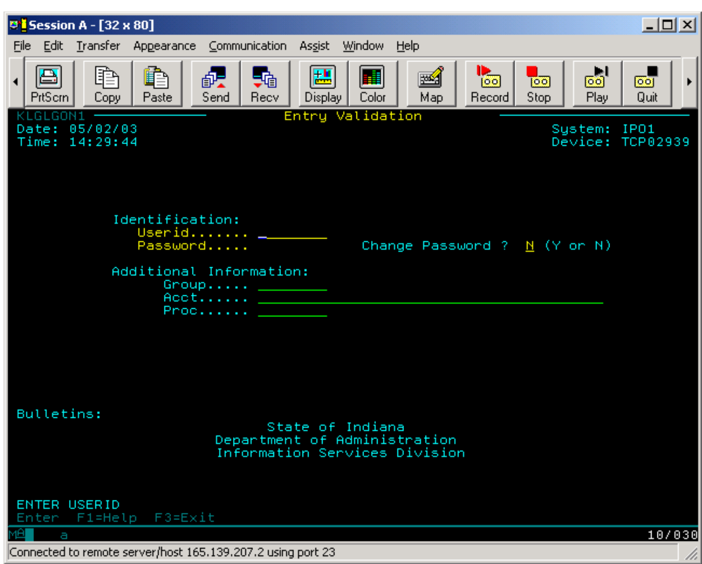


Figure 4.69 – ICES Entry Validation Window

13. Tab down to *ICES* and press **Enter**.

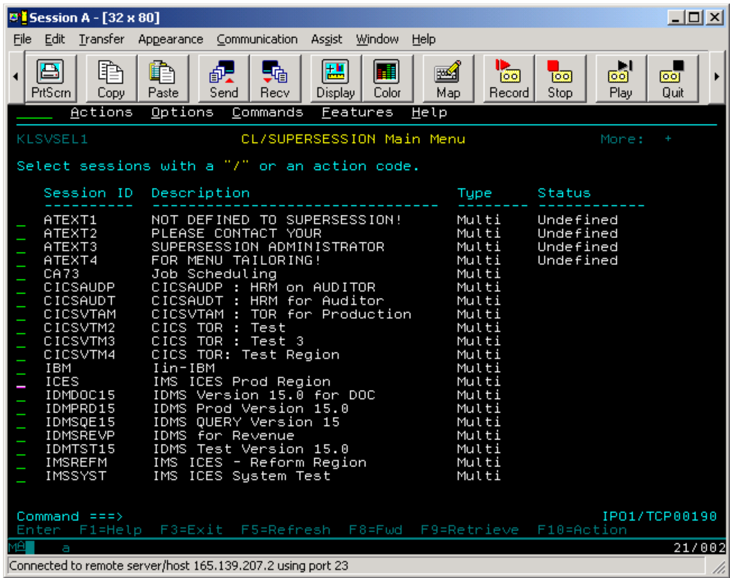


Figure 4.70 – CL/SUPERSESSION Main Menu

14. The *View Flash Bulletins* window displays. Press **Enter**.

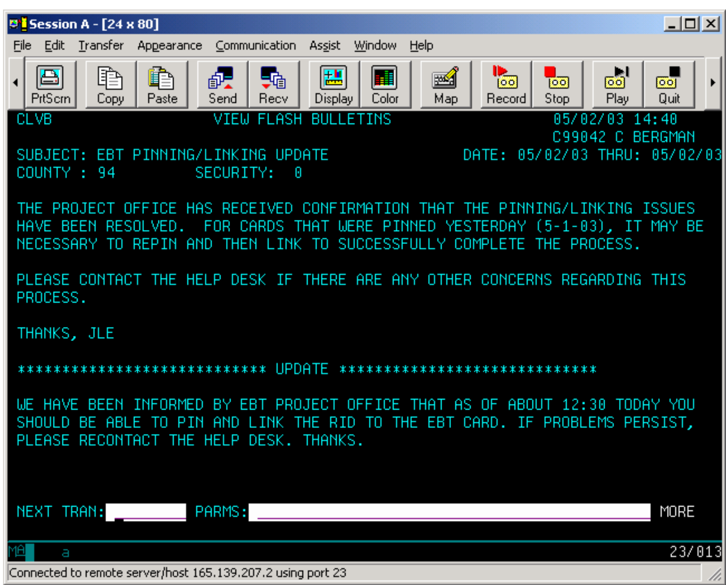


Figure 4.71 – View Flash Bulletins Window

15. The ICES System Selection Menu window displays.

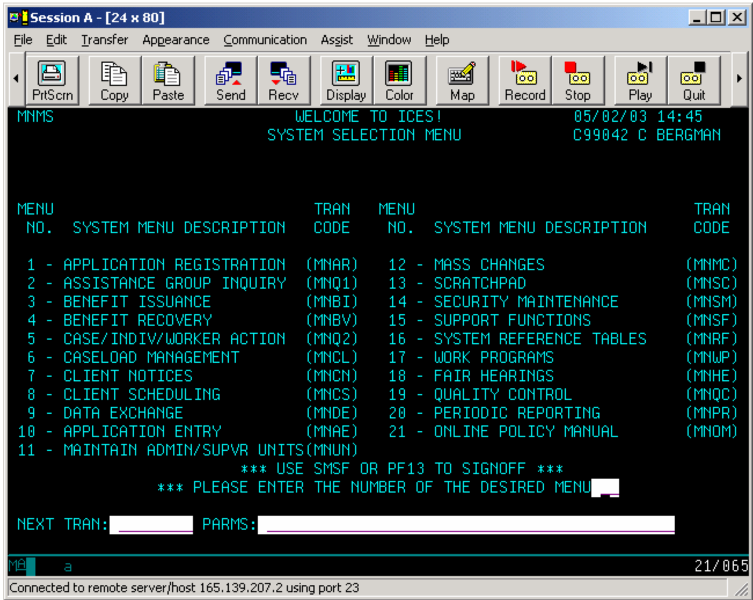


Figure 4.72 – ICES System Selection Window

16. AEICI in ICES can help verify addresses of new cases to existing cases in Indiana*AIM* if in the same county. If not in the same county, check the County/ICES Recipient Cross Reference (AECCR)/case number and the Household Relationship (AEIHH) in ICES. View and compare household members and household relationships of both cases. This will help to determine if this is an actual duplicate RID number. The *Running Record Comments* (CLRC) may help if there are caseworker comments. Type **IQIS** in the *Next Tran* field. Type the required information in the *Parms* field, including the slashes, as indicated in the following example: *Last name/first name///date of birth*. The date of birth must be typed in MMDDCCYY format.

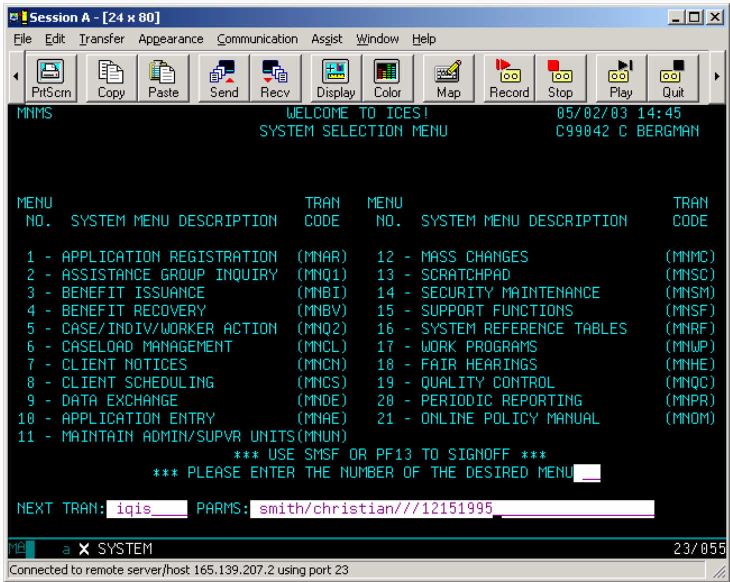


Figure 4.73 – System Selection Menu Showing Next Tran and Parms Fields

17. Press **Enter**. The *Name Match* window displays. All members with this name are listed, along with their birth date. Compare the suspected duplicate information in Indiana*AIM* to the rejected RID information in ICES to determine actual duplicates.

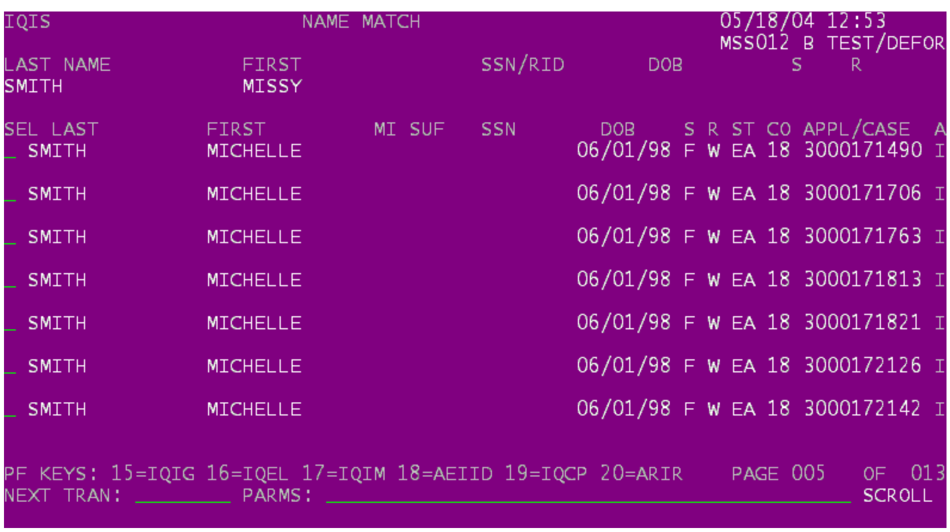


Figure 4.74 – Name Match Window

18. When a duplicate is identified both RID numbers must be linked in ICES. Send an e-mail to the county DFC office to request linking the member IDs. The office is determined by the caseworker number. The caseworker number begins with W and the next two digits identify the county. To determine the individuals who are authorized to link RID numbers, type **RFDI** in the Next *Tran:* field, and TASA in the *PARMS:* field and press **Enter**. This will display a list of people authorized to link RID numbers. The contact list at directory path L:/Package Three/ Eligibility/Contacts provides the e-mail address of the people who can link RID numbers.

19. When verification determines the rejected member is not actually a duplicate, for example a set of twins, highlight the rejected line and click **Recycle**. This allows the member ID in ICES to update Indiana*AIM*.

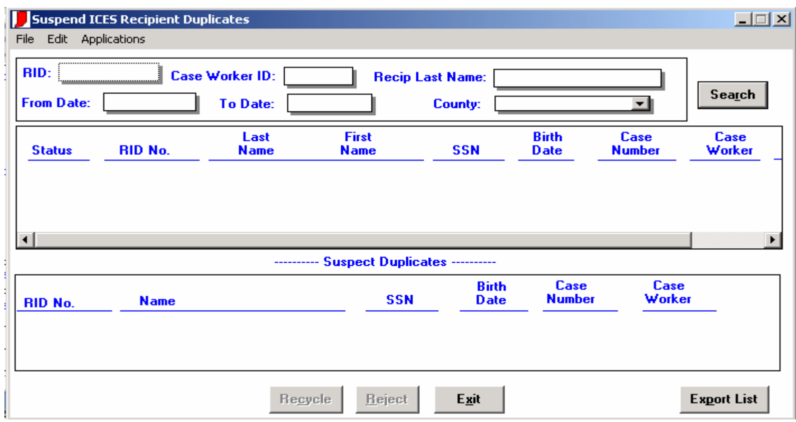


Figure 4.75 – Suspend ICES Recipient Duplicates Window

20. After all non-duplicates are recycled, click **Export List**.

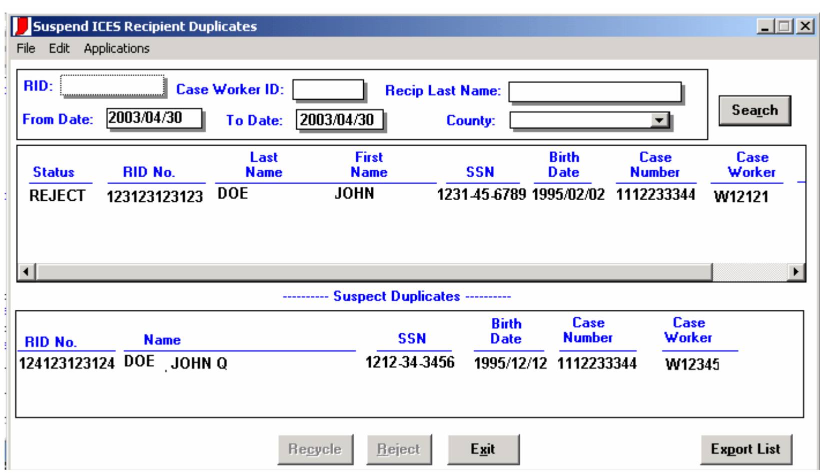


Figure 4.76 – Suspend ICES Recipient Duplicates Window

The *Save As* window displays prompting the user to select a location for storing the *Duplicate List*.

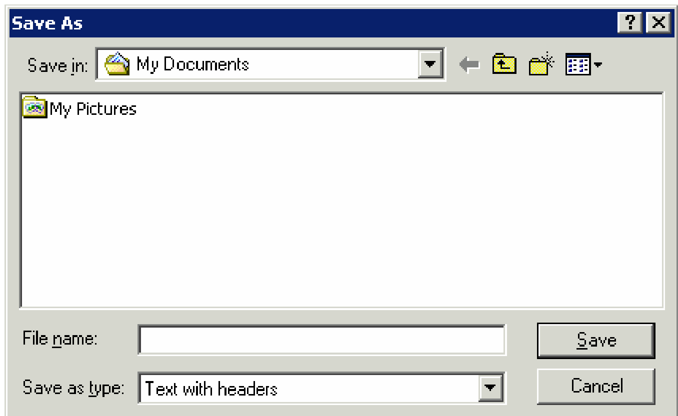


Figure 4.77 – Save As Window

21. Click the drop-down arrow in the *Save in:* field and select the appropriate drive and folder. Type the file name and click **Save**. This saves the remaining rejected items as a Notepad document, with a **.txt file* extension, for future reference.

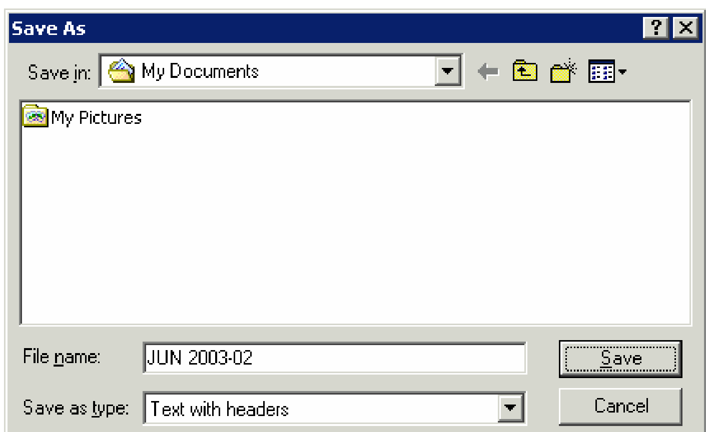


Figure 4.78 – Save As Window Showing Document Name

Out of State Members

When the *Recipient Base* window in Indiana*AIM* has an out of state address, it is shown on the *Out of State* report generated from the Business Objects query. Verification that the case has been closed is required; however in some instances the case should remain open. For example if the member lives in Indiana on the state line and has a post office in another state or lives in an institution, the member will have open eligibility with an out of state address. Verification of this report requires the following steps:

1. Logon to Indiana*AIM*.

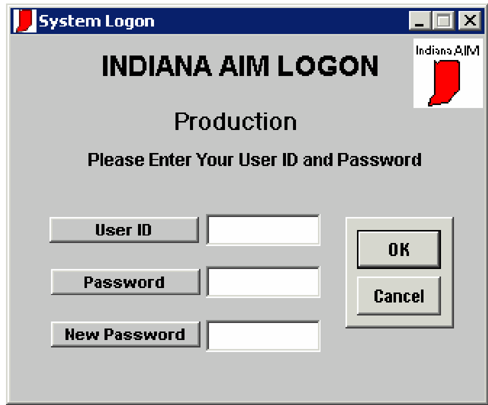


Figure 4.79 – Indiana*AIM* Logon Window

2. Click **Recipient** from the *Main Menu – Production* window.

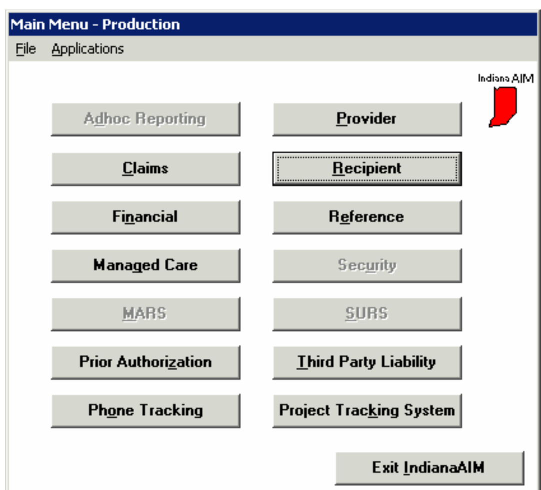


Figure 4.80 – Main Menu – Production Window

3. Type the RID number and click **Search**.

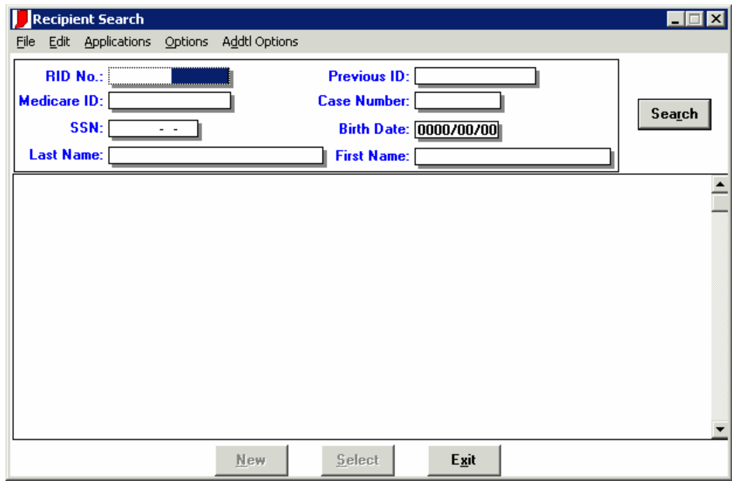


Figure 4.81 – Recipient Search Window

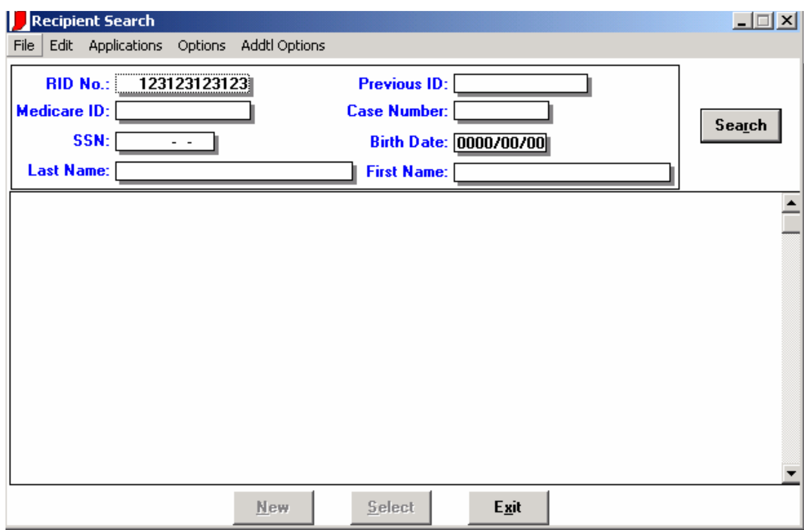


Figure 4.82 – Recipient Search Window Showing RID Number

4. On the toolbar, to determine if eligibility has ended click **Options** and click **Eligibility** and **Standard**.

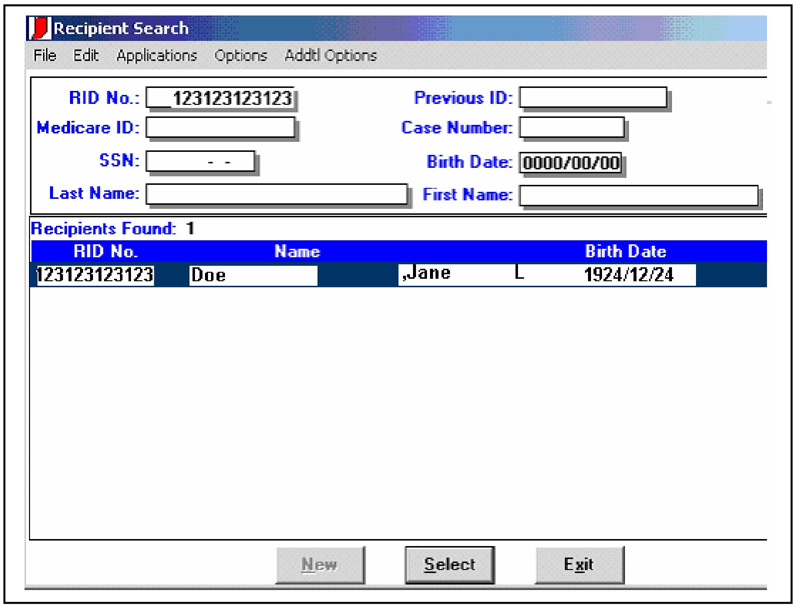


Figure 4.83 – Recipient Search Window Showing Recipients Found

5. If the eligibility has ended, this process is complete. Make appropriate comments beside that line of the report. If eligibility has not ended, continue the process.

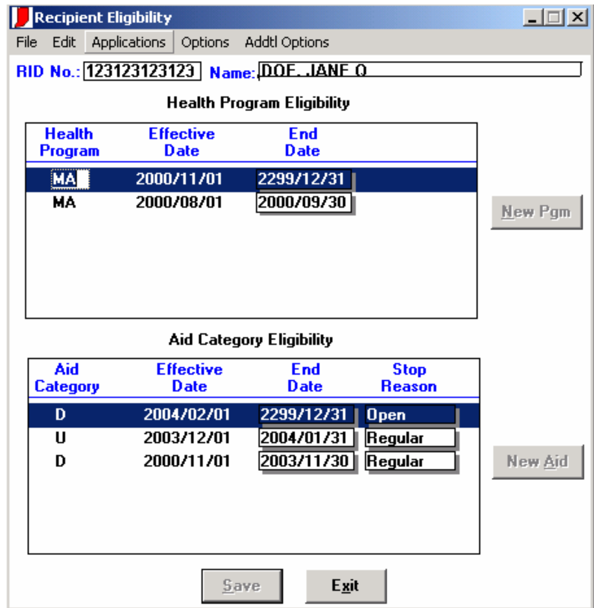


Figure 4.84 – Recipient Eligibility Window

6. Click **Options** and **Base**, the *Recipient Base* window displays the address and *Ward* code. Wards can have an out of state address with an *Open* eligibility status.

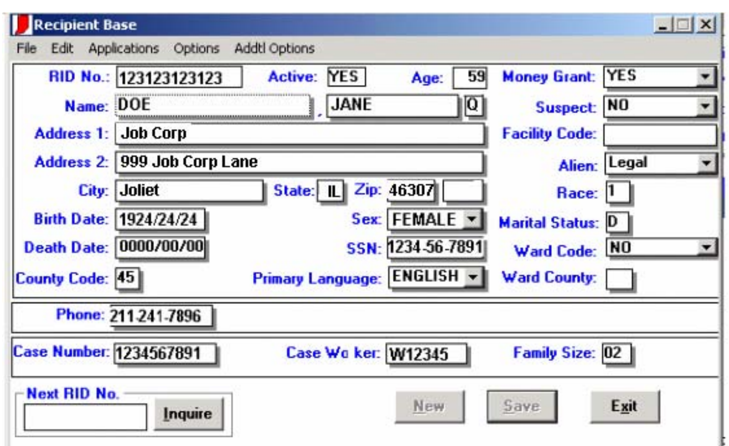


Figure 4.85 – Recipient Base Window

7. Logon to ICES.

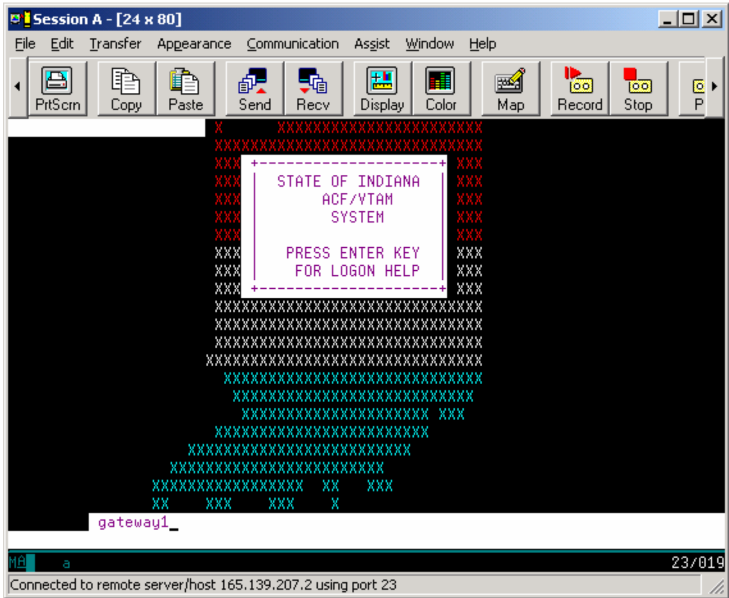


Figure 4.86 – ICES Logon Window

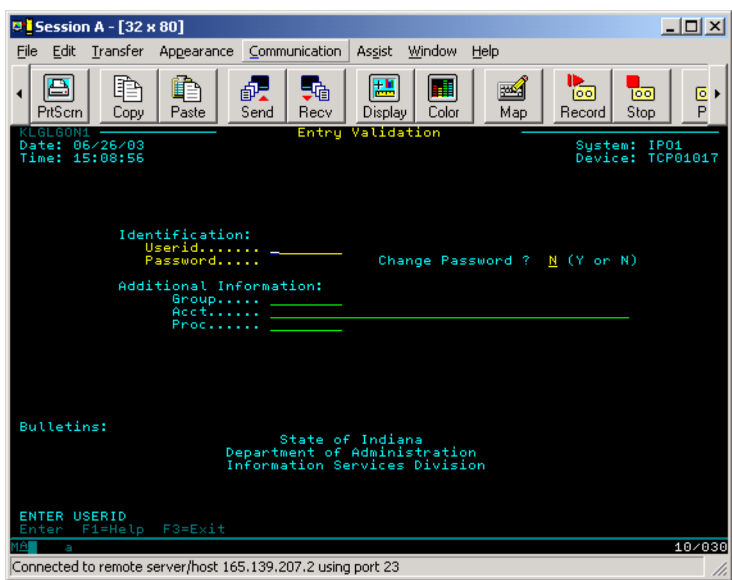


Figure 4.87 – ICES Entry Validation Window

8. Tab down to ICES and press **Enter**.

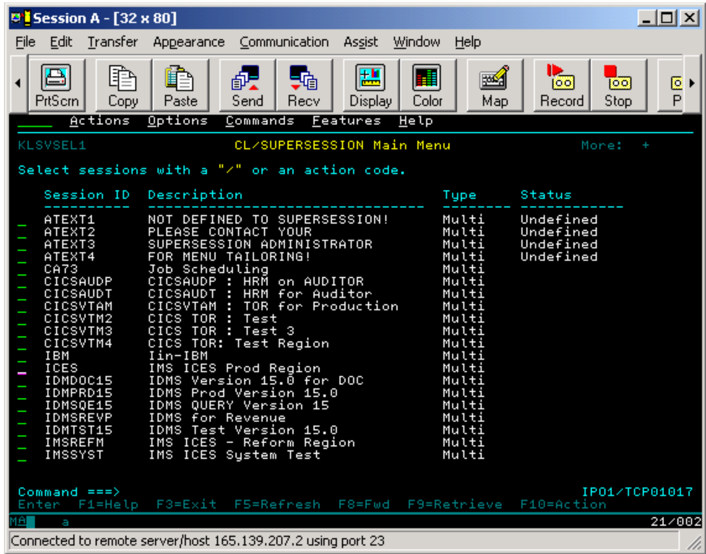


Figure 4.88 – CL/SUPERSESSION Main Menu

9. The *View Flash Bulletins* window displays. Press **Enter**.

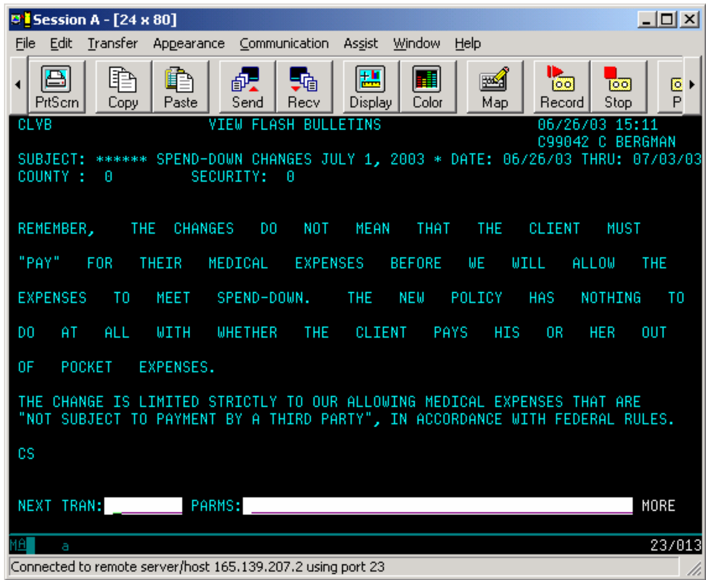


Figure 4.89 – View Flash Bulletins Window

Figure 4.90 – System Selection Menu

10. In the *Next Tran* field type **AEICI.** Type the case number in the *PARMS* field and press **Enter**.

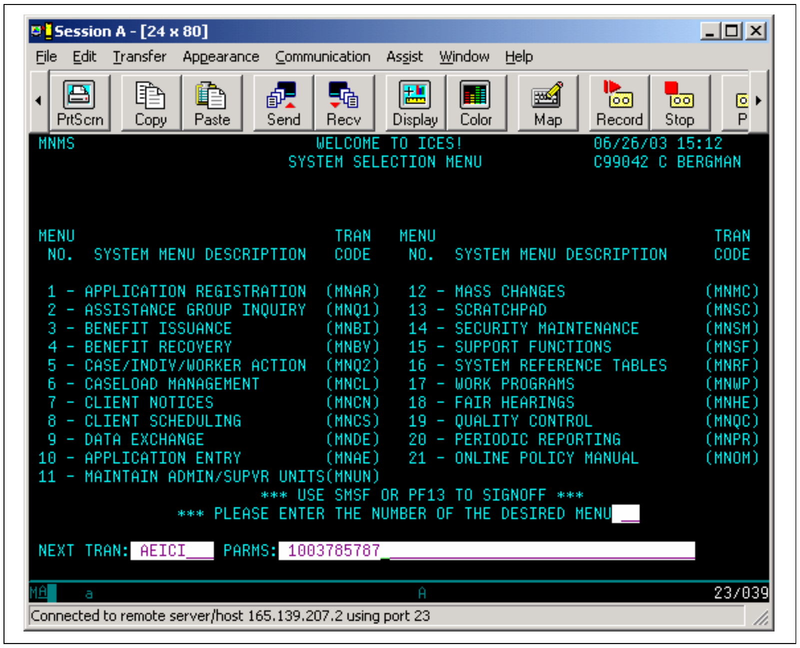


Figure 4.91 – System Selection Menu Window Showing Next Tran and Parms Fields

11. Verify the address on this window. In this case the actual household address is in Indiana. Window *AEIII* shows the institution or Job Corp address.

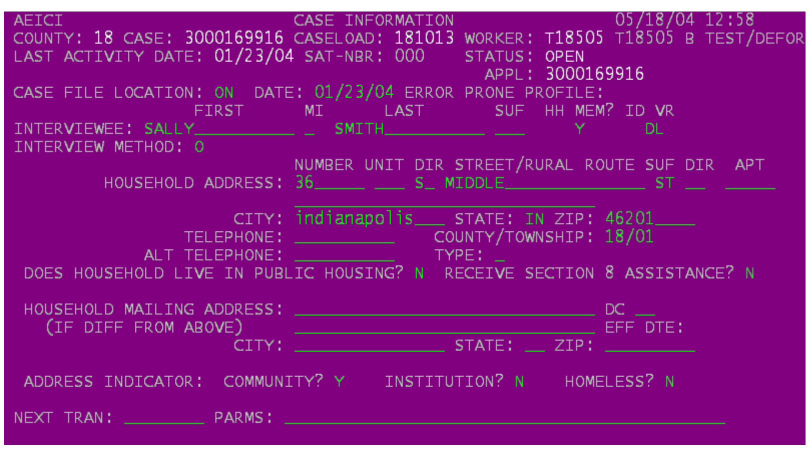


Figure 4.92 – Case Information Window

12. Type **AEIII** in the *Next Tran* field and the case number in the **PARMS** field and press **Enter**. The institution address information, such as Job Corp displays.

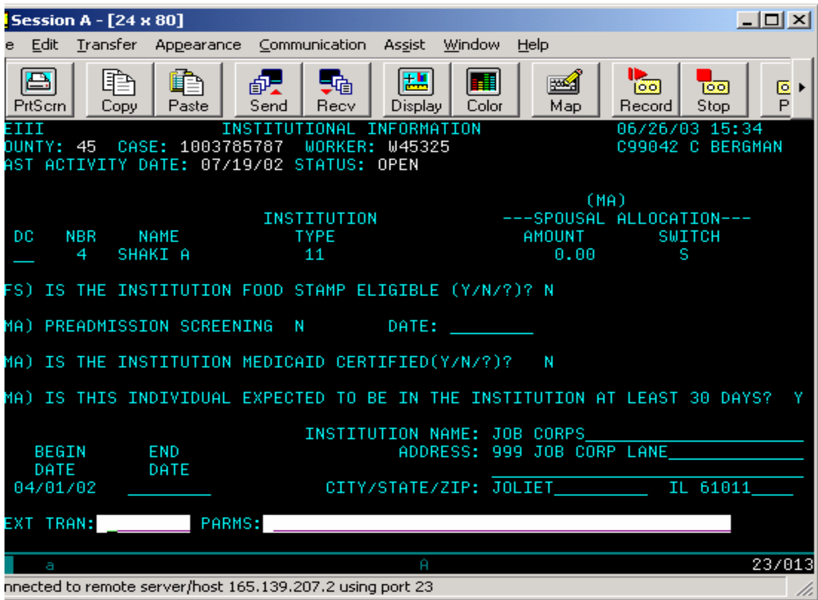


Figure 4.93 – Institution Information Window

This example shows an out of state address with open eligibility. If after research using both ICES and Indiana*AIM* it appears open eligibility is incorrect and residence is actually in another state, send an email to the county about the situation. The county will take the appropriate action.

Summary

This concludes the introduction of the TPL Department and the eligibility function. Department information continues in Volumes II and III. Refer to the table of contents of those documents for specific topics.

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